TRANSWESTERN PIPELINE COMPANY

REGION VI

NEW MEXICO AND TEXAS

VOLUME 3

ATTACHMENT 6.2

Waste Activity Registration Notices

COPY AS SUBMITTED TO EPA 19NOV80

TEXAS EASTERN
Transmission Corporation

WILLARD T. YOUNG
MANAGER
ENVIRONMENTAL CONTROL
ENGINEERING SERVICES DIVISION

November 17, 1980
OUR REF: 388-80

EPA Region VI
Attention: 6 AEP
1201 Elm Street
First International Building
Dallas, TX 75270

Gentlemen:

Attached please find RCRA permit application for the following facilities:

Puckett Gas Sweetening Plant
Keystone Gas Sweetening Plant
Halley Gas Sweetening Plant

These applications should fulfill all requirements for their respective classifications under RCRA. Should there be any deficiencies or questions, please notify Willard T. Young, Manager, Environmental Protection Department (713) 759-5355.

Very truly yours,

Willard T. Young
Manager, Environmental Protection

JRS/jc
Attachments

bcc: w/attachment: Stirling Dougherty
J. C. Elmore
Paul Fisher
G. O. Moe
Gerald Walker

1201836

File R4.0502 D

Please print or type in the unshaded areas only (fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F TXD095437216

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affi it in the designated space. Review the inform ation carefully; if any of it is incorrect, cro through it and enter the correct data in th appropriate fill-in area below. Also, if any c the preprinted data is absent *(the area to th left of the label space lists the informatio that should appear)*, please provide it in th proper fill-in area(s) below. If the label complete and correct, you need not complet items I, III, V, and VI *(except VI-B whic must be completed regardless)*. Complete a items if no label has been provided. Refer t the instructions for detailed item descrip tions and for the legal authorizations unde which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: PUCKETT PLANT

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 YOUNG, WILLARD MGR, ENV. PROTECT	713 759 5355

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 PO BOX 2521

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 HOUSTON	TX	77001

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 SECTION 34 & 35 BLOCK 126

1201630

B. COUNTY NAME

PECOS

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6	TX		

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F T X D 0 0 0 7 2 9 0 3 8 D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: KEYSTONE PLANT

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 YOUNG, WILLARD MGR, ENV. PROTECT	713 759 5355

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 PO BOX 2521

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 HOUSTON	TX	77001

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 SECTION 21, BLOCK C-77

1201851

B. COUNTY NAME

WINKLER

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6	TX		

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
4922 (specify) NATURAL GAS SWEETENING	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: TRANSWESTERN PIPELINE COMPANY

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL, S = STATE, P = PRIVATE, M = PUBLIC (other than federal or state), O = OTHER (specify)
P (specify)

D. PHONE (area code & no.): A 713 759 5355

E. STREET OR P.O. BOX: PO BOX 2521

F. CITY OR TOWN: HOUSTON

G. STATE: TX

H. ZIP CODE: 77001

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	B. PSD (Air Emissions from Proposed Sources)
N	P
C. UIC (Underground Injection of Fluids)	**E. OTHER (specify)**
U	113-890-1 (specify) FILE NO. - NOT A PERMIT TEXAS AIR CONTROL BOARD
C. RCRA (Hazardous Wastes)	**E. OTHER (specify)**
R	(specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

NATURAL GAS SWEETENING PLANT

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

1201852

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
ROLAND E. MOORE, VICE PRESIDENT & CHIEF ENGINEER	Roland E. Moore	11/19/80

COMMENTS FOR OFFICIAL USE ONLY

C

EPA Form 3510-1 (6-80) REVERSE

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

														T/A	C
F	T	X	D	0	0	0	7	2	9	0	3	8		T	1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

C	YR.	MO.	DAY
8	6 0		

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR.	MO.	DAY

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. **PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. **PROCESS DESIGN CAPACITY** — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

														T/A	C
C	D	U	P												1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	D80	0.22	A		7				
2	S04	1.45 million	G		8				
3					9				
4					10				

1201856

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
4922 NATURAL GAS SWEETENING	(specify)

C. THIRD	D. FOURTH
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: TRANSWESTERN PIPELINE COMPANY

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL; S = STATE; P = PRIVATE; M = PUBLIC (other than federal or state); O = OTHER (specify)
P (specify)

D. PHONE (area code & no.): A 713 759 5355

E. STREET OR P.O. BOX: PO BOX 2521

F. CITY OR TOWN: HOUSTON

G. STATE: TX

H. ZIP CODE: 77001

IX. INDIAN LAND
Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N	9 P

B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
9 U	9 115-594-6 (specify) FILE NO. - NOT A PERMIT TEXAS AIR CONTROL BOARD

C. RCRA (Hazardous Wastes)	E. OTHER (specify)
9 R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

NATURAL GAS SWEETENING PLANT

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

12013.10

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
ROLAND E. MOORE, VICE PRESIDENT & CHIEF ENGINEER	E. Roland Moore	11/19/80

COMMENTS FOR OFFICIAL USE ONLY

EPA Form 3510-1 (6-80) REVERSE

Please print or type in the unshaded areas only
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Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F T X D 0 9 5 4 3 7 2 1 6

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES. PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR.	MO.	DAY
8 0	0 4	

FOR NEW FACILITIES: PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	D80	0.25	A		7		1201841		
2	D83	1 million	G		8				
3	D83	1 million	G		9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY – For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each listed hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (If a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	1201342
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				*included with above*

Continued from page 2.
NOTE: Photocopy this page before completi[ng if] you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	T/A	C	FOR OFFICIAL USE ONLY			
W T X D 0 9 5 4 3 7 2 1 6		1	W DUP		2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

LINE NO.	A. EPA HAZARD. WASTE NO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D004	59,800	P	D80				
2	D004	6,500,000	P	D83				Most of pure water evaporates
3	D007	22 million	P	D83				Most of pure water evaporates
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								1201343
25								
26								

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F T X D 0 9 5 4 3 7 2 1 6 | T/A | C 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
30 41 04 8	102 31 01 3

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
	C G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
ROLAND E. MOORE, VICE PRESIDENT & CHIEF ENGINEER	Roland E. Moore	11/19/80

X. OPERATOR CERTIFICATION

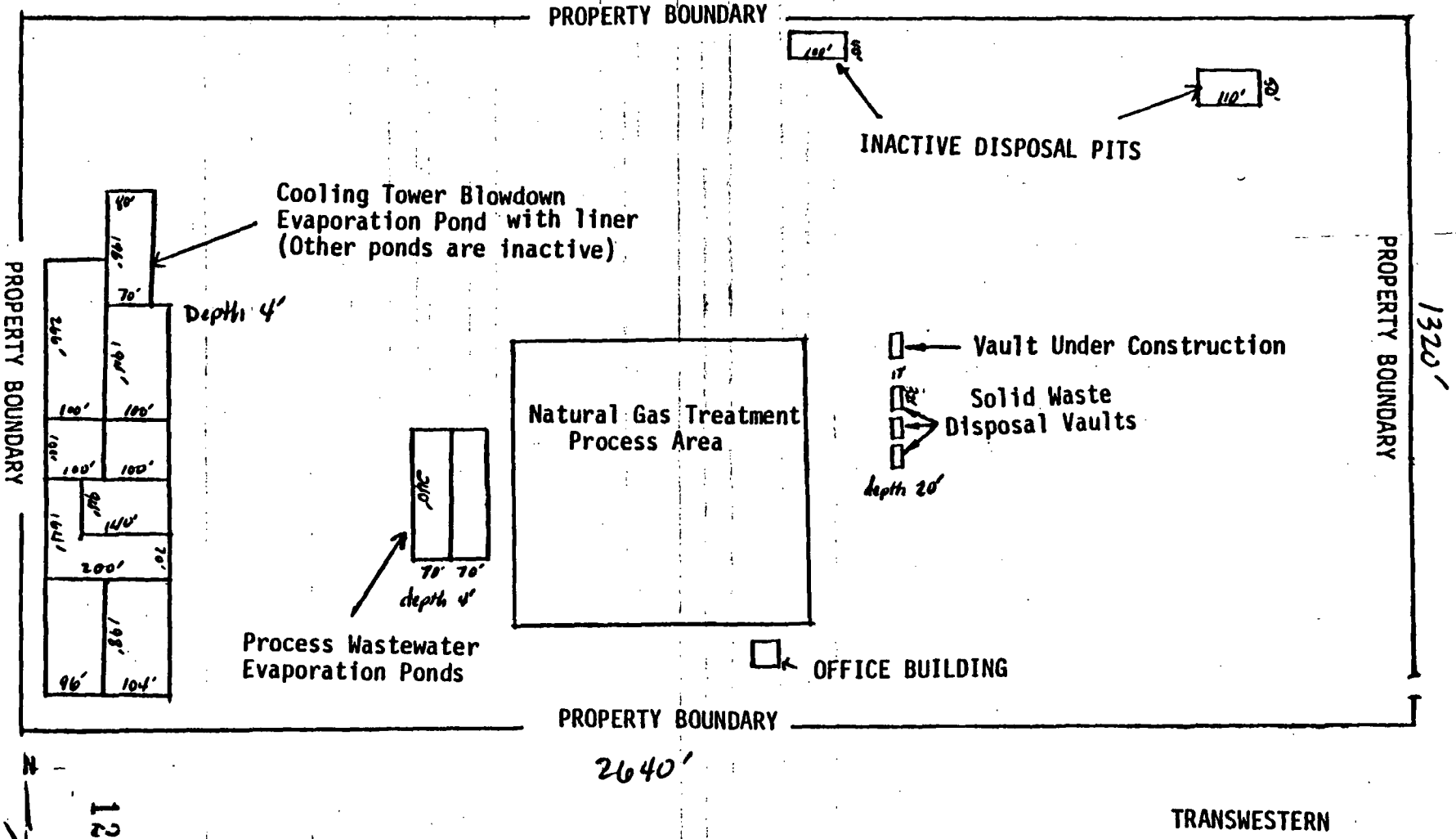
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

120644

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

Continued from page 4.

V. FACILITY DRAWING (see page 4)



TRANSWESTERN

PUCKETT PLANT

Scale: 1 inch = 300 feet

TXD095437216

Form Approved OMB No. 158-S80004

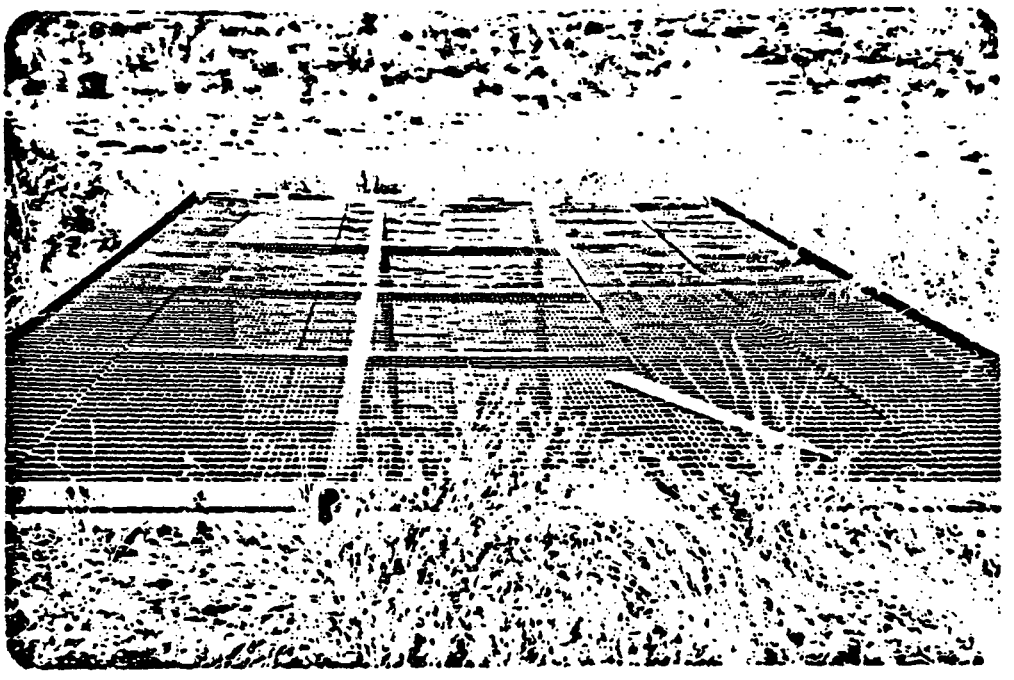
FACILITY PHOTOGRAPHS

PART VI

ACTIVE FACILITIES

Photographs were
taken November 4, 1980

1.



This picture was taken looking to the north. The area beyond the vault represents an expansion area where a new vault is presently under construction. This picture was made before construction was begun.

TRANSWESTERN PUCKETT PLANT
TXD095437216

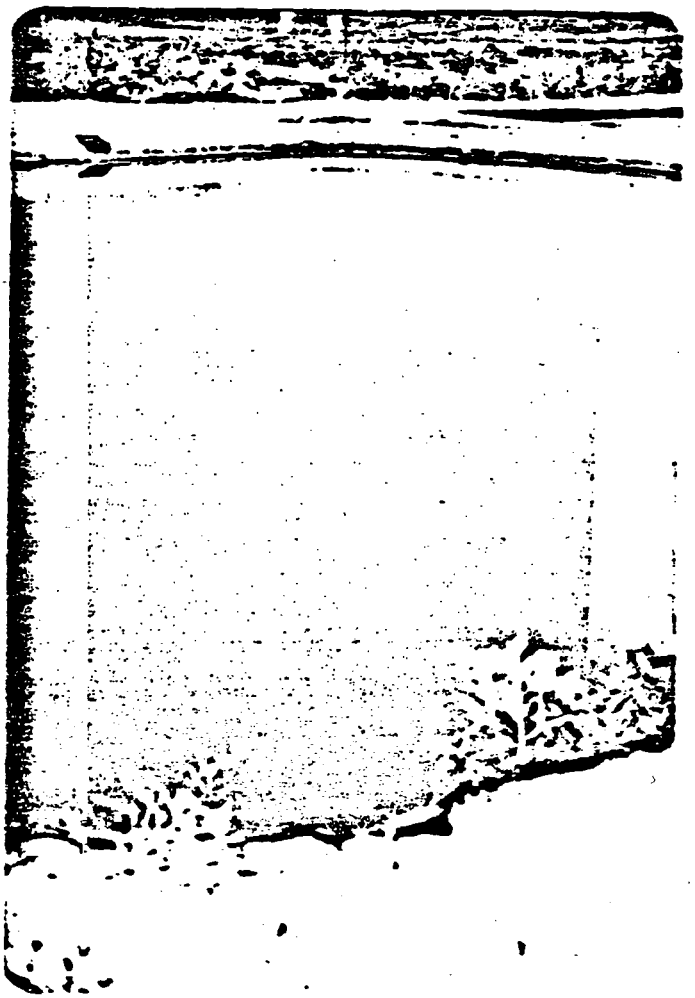
1.

INACTIVE FACILITIES

Photographs were taken November 4, 1

TRANSWESTERN
PUCKETT PLANT
TXD095437216

2.



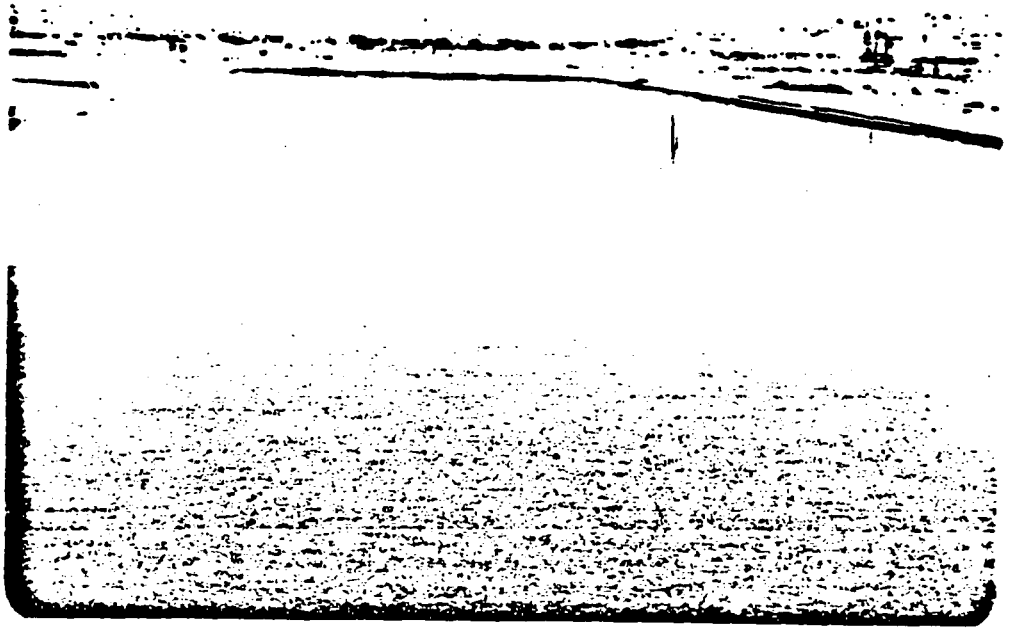
2 Existing Hypalon Lined Disposal Pits

ACTIVE FACILITIES
Photographs were
taken November 4, 1980

TRANSWESTERN
PUCKETT PLANT
TXD095437216

1.

2.

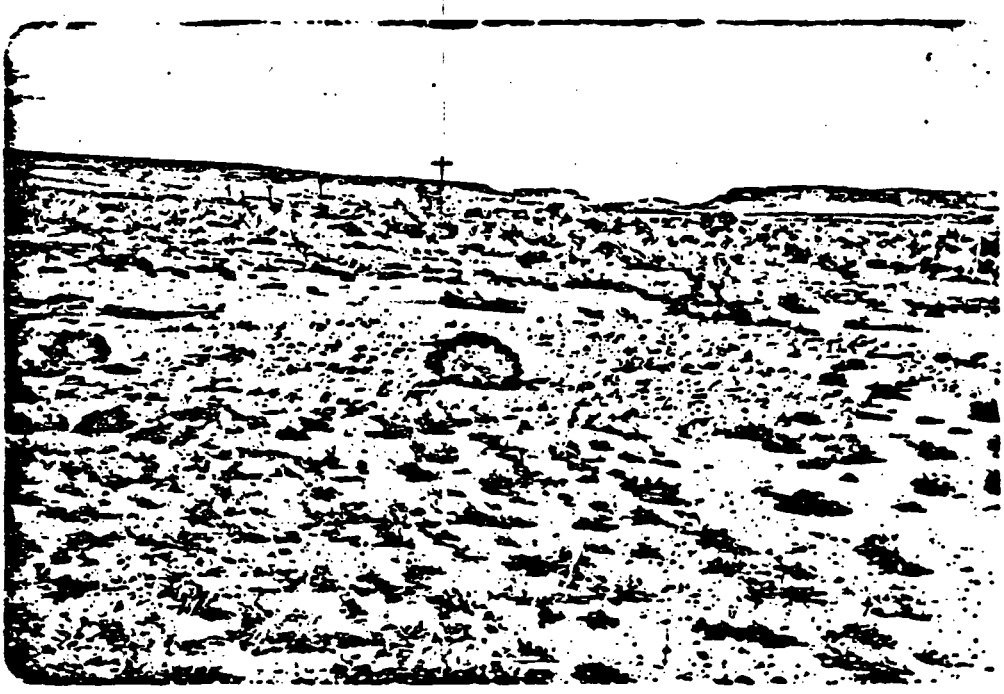


1201849

1. Landfills

INACTIVE FACILITIES
Photographs were
taken November 4, 1980

1.



TRANSWESTERN
PUCKETT PLANT
TDX095437216

1201850

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each listed hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	1201854
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				*included with above*

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY														
W	T	X	D	0	0	0	7	2	9	0	3	8	F/A	1	W	DUP											F/A	2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D001	40,000	P	D80	Iron Sulfide Filters: Active portion represents 25% of weight
2	D007	30 million	P	S04	Most of pure water evaporates
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

1201855

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WAS S (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F	T	X	D	0	0	0	7	2	9	0	3	8		6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground–level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
31 57 00 01	103 03 01 6

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
ROLAND E. MOORE, VICE PRESIDENT & CHIEF ENGINEER	Roland E. Moore	11/19/80

X. OPERATOR CERTIFICATION

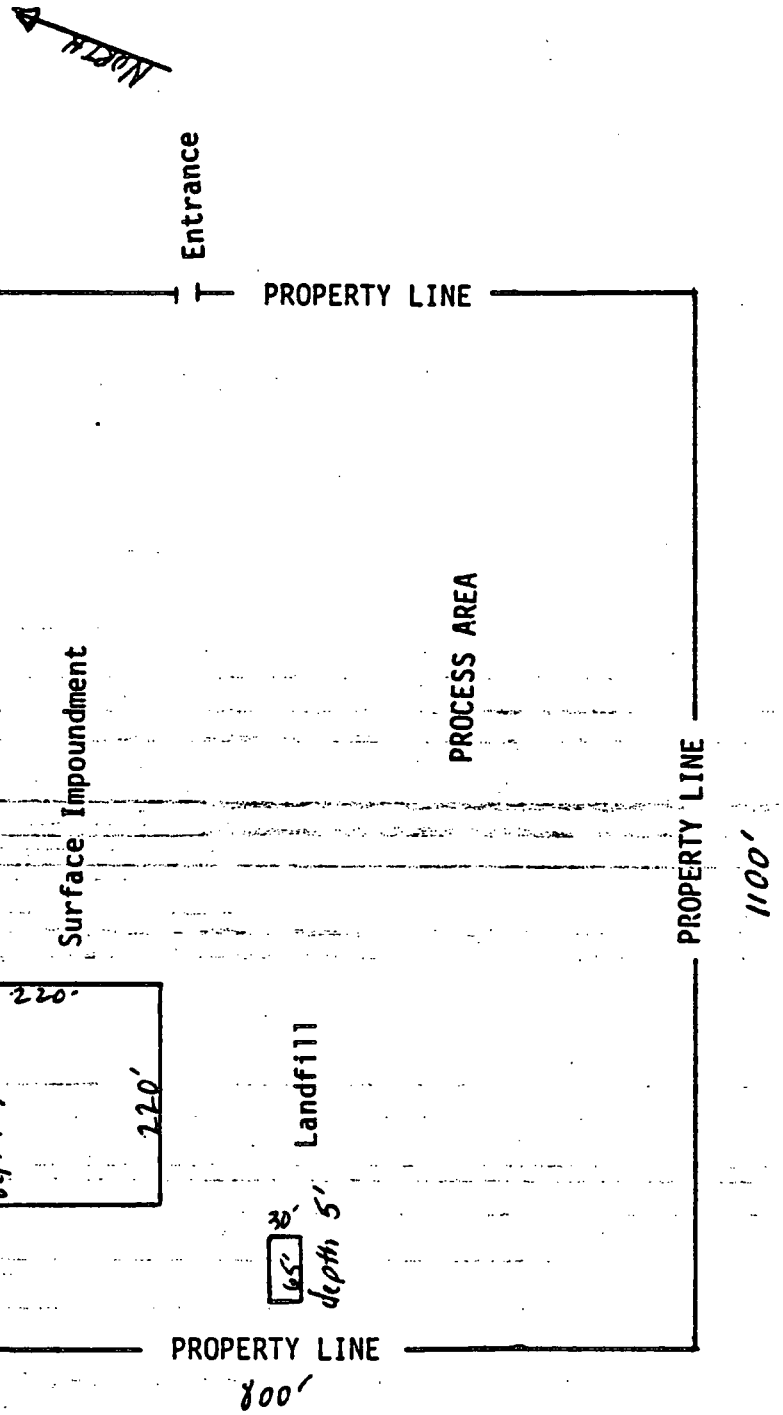
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

190185

V. FACILITY DRAWING *(see page 4)*

E.P.A. ID: TXD000729038



TRANSWESTERN

KEYSTONE PLANT

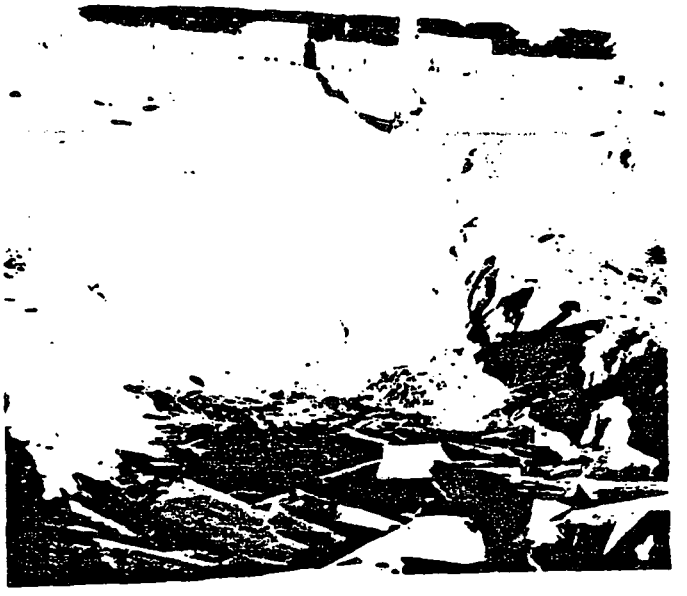
Scale: 1 inch = 200 feet

1201857

E.P.A.ID: TXD000729038

ACTIVE FACILITIES

Photographs were
taken November 4, 1980

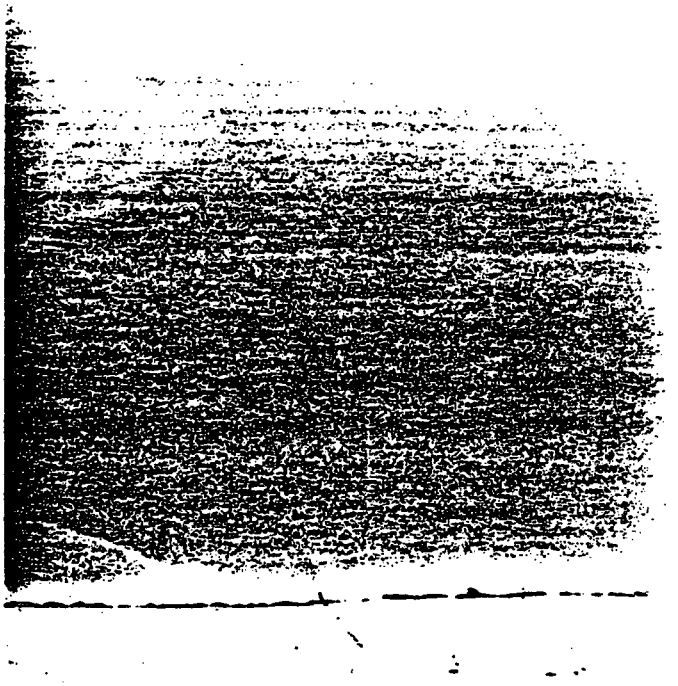


TRANSWESTERN'S KEYSTONE PLANT
Solid Waste Landfill

E.P.A.ID: TXD000729038

ACTIVE FACILITIES

Photographs were
taken November 4, 1980



TRANSWESTERN'S KEYSTONE PLANT

Hypolon Lined Pond

1201859

COPY AS SUBMITTED TO EPA 11/NOV 80

Please print or type in the unshaded areas only (fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F T X D 0 0 0 7 2 9 0 2 0

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACH
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: HALLEY PLANT

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 YOUNG, WILLARD MGR, ENV. PROTECT	713 759 5355

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 PO BOX 2521

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 HOUSTON	TX	77001

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 BLOCK A, SECTION 90

1201860

B. COUNTY NAME

WINKLER

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6	TX		

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
4922 (specify) NATURAL GAS SWEETENING	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: TRANSWESTERN PIPELINE COMPANY

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL, S = STATE, P = PRIVATE, M = PUBLIC (other than federal or state), O = OTHER (specify)
P (specify)

D. PHONE (area code & no.): A 713 759 5355

E. STREET OR P.O. BOX: PO BOX 2521

F. CITY OR TOWN: HOUSTON

G. STATE: TX

H. ZIP CODE: 77001

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): N	**D. PSD** (Air Emissions from Proposed Sources): P
B. UIC (Underground Injection of Fluids): U	**E. OTHER** (specify): 113-891-0 (specify) FILE NO. - NOT A PERMIT TEXAS AIR CONTROL BOARD
C. RCRA (Hazardous Wastes): R	**E. OTHER** (specify):

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

NATURAL GAS SWEETENING PLANT

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

1201861

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
ROLAND E. MOORE, VICE PRESIDENT & CHIEF ENGINEER	Roland E. Moore	11/19/80

COMMENTS FOR OFFICIAL USE ONLY

EPA Form 3510-1 (6-80) REVERSE

Please print or type in the unshaded areas only (fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER: F T X D 0 0 0 7 2 9 0 2 0 | | 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*: C | 8 | YR. 68 | MO. 12 | DAY

[ ] 2. NEW FACILITY *(Complete item below.)*

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN: YR. | MO. | DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	G

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C | DUP | Y/A | C | 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S04	250,000	G		7		1201362		
2					8				
3					9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each listed hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(If a code is not entered in D(1))*
X-1	K054	900	P	T03 D80	
X-2	D002	400	P	T03 D80	
X-3	D001	100	P	T03 D80	
X-4	D002				included with above

1201363

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)		FOR OFFICIAL USE ONLY	
W	TXD000729020	W	DUP
T/A	1	T/A	2
C		C	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (If a code is not entered in D(1))
1	D007	8,000,000	P	S04	Most of pure water evaporates
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

1201864

CONTINUE ON REVERSE

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

T X D 0 0 0 7 2 9 0 2 0 | 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail)*.

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail)*.

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
31 43 05	102 49 10

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
OLAND E. MOORE, VICE PRESIDENT & CHIEF ENGINEER	Roland E. Moore	11/19/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

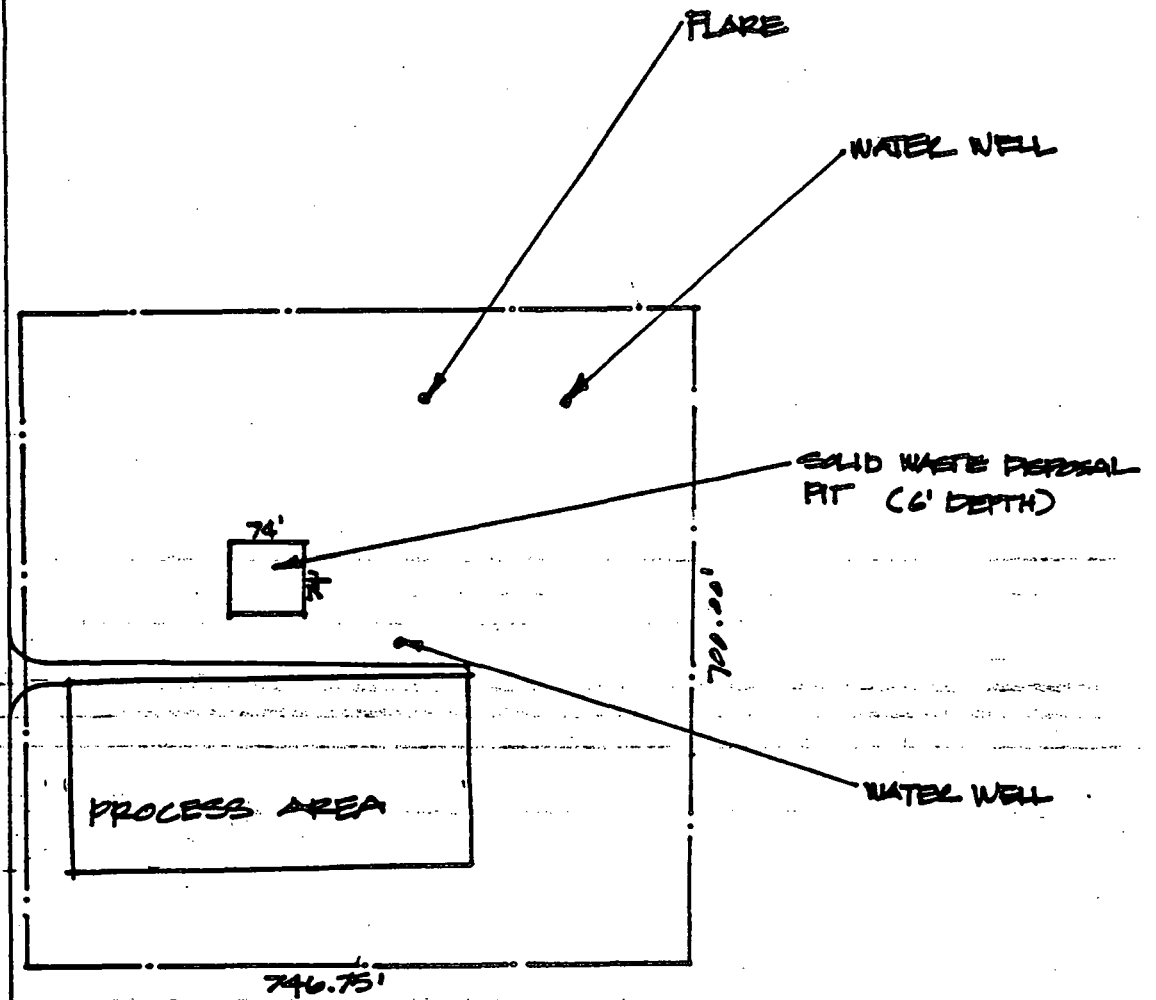
1201365

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

Form Approved OMB No. 158-S80004

V. FACILITY DRAWING *(see page 4)*

E.P.A.ID: TXD000729020



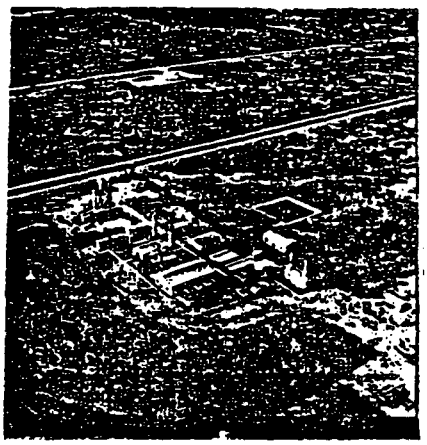
TRANSWESTERN'S HALLEY PLANT

SCALE: 1" = 200'

1201866

E.P.A.ID: TXD000729020

ATTACHMENT



Aerial Photograph of Transwestern's Halley Plant

This photograph was taken around 1976.
Should this photograph be insufficient,
please advise.

1201867

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved. OMB No. 158-S7 0016
GSA No. 0246-EPA-OT

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: S F

APPROVED

DATE RECEIVED (yr., mo., & day)

T/A: C 1

I. NAME OF INSTALLATION

PYOTE PLANT & STATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: C 3 PO BOX 2521

CITY OR TOWN: C 4 HOUSTON

ST.: TX

ZIP CODE: 77001

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: C 5 PO BOX 320

CITY OR TOWN: C 6 PYOTE

ST.: TX

ZIP CODE: 79777

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: C 2 YOUNG, WILLARD - MGR, ENV. PROTECT

PHONE NO. *(area code & no.)*: 713-759-5355

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: C 8 TRANSWESTERN PIPELINE COMPANY

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

12518-8

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: TXD000729046

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE

D. – FOR OFFICIAL USE ONLY

S												T/A	C
W													1
1	2									13	14	15	

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
	WILLARD T. YOUNG MANAGER, ENVIRONMENTAL PROTECTION	

EPA Form 8700-12 (6-80) REVERSE

12013869

DETACH

DETACH

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

FOR OFFICIAL USE ONLY

COMMENTS

C

INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day)

F | T/A: C | 1

I. NAME OF INSTALLATION

TRANSWESTERN PIPELINE COMPANY

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P.O.BOX 2521

CITY OR TOWN | ST. | ZIP CODE

4 HOUSTON | TX | 77001

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 1221 MCKINNEY

CITY OR TOWN | ST. | ZIP CODE

6 HOUSTON | TX | 77001

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)* | PHONE NO. *(area code & no.)*

2 YOUNG, WILLARD - MANAGER, ENV. PROT | 713 - 759 - 5355

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 TRANSWESTERN PIPELINE COMPANY

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [ ] A. GENERATION
- [X] B. TRANSPORTATION *(complete item VII)*
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [X] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify):*

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

12018.0

- [ ] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

D. – FOR OFFICIAL USE ONLY

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
W													T/A	C

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

DETACH

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
	Willard T. Young Manager, Environmental Protection	

DETACH

EPA Form 8700-12 (6-80) REVERSE

120187

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only — GSA No. 0246-EPA-OT

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	PLEASE PLACE LABEL IN THIS SPACE
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	
III. LOCATION OF INSTALLATION	

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

FOR OFFICIAL USE ONLY

COMMENTS

C

INSTALLATION'S EPA I.D. NUMBER	T/A C	APPROVED	DATE RECEIVED (yr., mo., & day)
F	I		

I. NAME OF INSTALLATION

HALLEY PLANT

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX		
3 P.O. BOX 2521		
CITY OR TOWN	**ST.**	**ZIP CODE**
4 HOUSTON	TX	77001

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER		
5 POBOX 1059		
CITY OR TOWN	**ST.**	**ZIP CODE**
6 KERMIT	TX	79745

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 YOUNG, WILLARD T., MGR ENV CNTRL	713-759-5355

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 TRANSWESTERN PIPELINE COMPANY

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON–FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

[X] A. GENERATION
[ ] B. TRANSPORTATION *(complete item VII)*
[ ] C. TREAT/STORE/DISPOSE
[ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

[ ] A. AIR [ ] B. RAIL [ ] C. HIGHWAY [ ] D. WATER [ ] E. OTHER *(specify)*:

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

[X] A. FIRST NOTIFICATION
[ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P011	32 P012	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

[X] 1. IGNITABLE (D001)	[ ] 2. CORROSIVE (D002)	[ ] 3. REACTIVE (D003)	[X] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
[signature]	Willard T. Young, Mgr. Env. Control	6/18/80

EPA Form 8700-12 (6-80) REVERSE

1201873

II. SHIPPING/REPORTING: PURSUANT TO TEXAS ADMINISTRATIVE CODE SECTION 335 OF THE RULES OF THE TDWR PERTAINING TO INDUSTRIAL SOLID WASTE MANAGEMENT, ISSUANCE OF MANIFESTS AND MONTHLY REPORTING ARE REQUIRED FOR OFF-SITE STORAGE/PROCESSING/DISPOSAL OF THE FOLLOWING CLASS I WASTES LISTED IN PART I.

PREPARE A MONTHLY WASTE SHIPMENT SUMMARY AND SUBMIT IT ALONG WITH THE GREEN COPY OF THE MANIFEST(S) FOR EACH MONTH THAT SHIPMENTS OF THE FOLLOWING WASTE(S) ARE MADE. NO MONTHLY WASTE SHIPMENT SUMMARY IS REQUIRED FOR MONTHS WHEN SHIPMENTS ARE NOT MADE.

001 902730 NATURAL GAS CONDENSATE CONTAIN
ING HEAVY METALS

III. ON-SITE WASTE MANAGEMENT FACILITIES:

FAC NO.	FACILITY	STATUS
01	TANK (SUB-SURFACE) STORAGE OF WASTE NUMBER(S) 001 CAP-NOT GIVEN	ACTIVE
02	SURFACE IMPOUNDMENT STORAGE OF WASTE NUMBER(S) 002	ACTIVE
03	LANDFILL DISPOSAL OF WASTE NUMBER(S) 003	ACTIVE

UNLESS OTHERWISE STATED ABOVE, FACILITIES ARE LOCATED
AT 15 MI W OF KERMIT OFF HWY 302,HALREY RD,POB 1059
COUNTY OF WINKLER

IV. RECORDS.

A. FOR PURPOSES OF FILING ANNUAL REPORTS PURSUANT TO TEXAS ADMINISTRATIVE CODE SECTION 335 OF THE RULES OF THE TDWR PERTAINING TO INDUSTRIAL SOLID WASTE MANAGEMENT, RECORDS SHOULD BE MAINTAINED FOR STORAGE, PROCESSING AND/OR DISPOSAL OF THE FOLLOWING WASTE(S) LISTED IN PART I:

001 902730 NATURAL GAS CONDENSATE CONTAIN
ING HEAVY METALS

1201012

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only. GSA No. 0246-EPA-OT

EPA — ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinte label, affix it in the space at left. If any of th information on the label is incorrect, draw a lin through it and supply the correct informatio in the appropriate section below. If the label complete and correct, leave Items I, II, and I below blank. If you did not receive a preprinte label, complete all items. "Installation" means single site where hazardous waste is generatec treated, stored and/or disposed of, or a tran porter's principal place of business. Please refe to the INSTRUCTIONS FOR FILING NOTIF CATION before completing this form. Th information requested herein is required by la *(Section 3010 of the Resource Conservation an Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS

C

INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day)

F | T/A | C | 1

I. NAME OF INSTALLATION

STATION WT-2

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P.O. BOX 2521

CITY OR TOWN | ST. | ZIP CODE

4 HOUSTON | TX | 77001

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 POBOX 1059

CITY OR TOWN | ST. | ZIP CODE

6 KERMIT | TX | 79745

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)* | PHONE NO. *(area code & no.)*

2 YOUNG, WILLARD T., MGR ENV CNTRL | 713-759-5355

DETACH

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 TRANSWESTERN PIPELINE COMPANY

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify):*

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERS

I.D. – FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

[X] 1. IGNITABLE (D001)	[ ] 2. CORROSIVE (D002)	[ ] 3. REACTIVE (D003)	[X] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
[signature]	Willard T. Young, Mgr. Env. Control	8/15/80

1201875

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only. GSA No. 0246-EPA-OT

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS

C

INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day)

F | T/A: I

I. NAME OF INSTALLATION

PUCKETT PLANT

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P.O. BOX 2521

CITY OR TOWN | ST. | ZIP CODE

4 HOUSTON | TX | 77001

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 2101 WEST DICKINSON BLVD

CITY OR TOWN | ST. | ZIP CODE

6 FORT STOCKTON | TX | 79735

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)* | PHONE NO. *(area code & no.)*

7 YOUNG, WILLARD T., MGR ENV CNTRL | 713-759-5355

DETACH

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 TRANSWESTERN PIPELINE COMPANY

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify):*

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

1201576

C. INSTALLATION'S EPA I.D. NO.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERS

I.D. – FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

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19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

- [X] 1. IGNITABLE (D001)
- [ ] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [X] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Willard T. Young	Willard T. Young, Mgr. Env. Control	8/18/80

1201877

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

OMB No. 0246-EPA-OT

EPA — U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: F | T/A: | C: 1 | APPROVED | DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

KEYSTONE PLANT

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 P.O. BOX 2521

CITY OR TOWN: 4 HOUSTON | ST.: TX | ZIP CODE: 77001

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 POBOX 1059

CITY OR TOWN: 6 KERMIT | ST.: TX | ZIP CODE: 79745

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): 7 YOUNG, WILLARD T., MGR ENV CNTRL

PHONE NO. (area code & no.): 713-759-5355

V. OWNERSHIP

DETACH

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 TRANSWESTERN PIPELINE COMPANY

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): M

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- [X] A. GENERATION
- [ ] B. TRANSPORTATION (complete item VII)
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

T2510

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

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37	38	39	40	41	42
43	44	45	46	47	48

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49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

[X] 1. IGNITABLE (D001)   [ ] 2. CORROSIVE (D002)   [ ] 3. REACTIVE (D003)   [X] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
[signature]	Willard T. Young, Mgr. Env. Control	8/18/80

EPA Form 8700-12 (6-80) REVERSE

1201879

TEXAS EASTERN
Transmission Corporation

WILLARD T. YOUNG
MANAGER
ENVIRONMENTAL CONTROL
ENGINEERING SERVICES DIVISION

August 20, 1981
OUR REF: 467-81

Mr. Dwight Corley
EPA Region VI
1201 Elm Street
Dallas, TX 75270

Dear Mr. Corley:

Please find attached a revised EPA Part A Hazardous Waste Permit Application for Transwestern Pipeline Company's Puckett Plant (EPA I.D. Number TXD095437216).

In accordance with Section 122.23 of EPA's Consolidated Permit Regulations, we are submitting the revised application due to laboratory waste analysis results. Chromium was suspected to be present in the cooling tower blowdown impoundment in an amount greater than the EP toxicity level and therefore was identified on the initial application. After the initial application was submitted, laboratory analysis performed by Aqualab of Austin, Texas indicated acceptable chromium levels at this facility. However, selenium was found to be present in an amount greater than the EP toxicity level. The revised application reflects these laboratory results and identifies selenium (EPA hazardous waste Number D010) as a hazardous waste generated by this facility.

The process design capacity for the cooling tower blowdown impoundment is changed in the revised application from one million gallons to 500,000 gallons due to an error in the original calculation of the volume.

If there are any questions concerning this submittal, please contact Anita Cuevas at 713/759-5318.

Very truly yours,

W. T. Young

Willard T. Young
~~Manager, Environmental~~ Protection

1201880

ANC/jc
Attachments

bcc: Stirling Dougherty - w/attachments
Dr. D. H. France
W. G. Marks
George Moe
G. H. Walker - w/attachments

77001

CAS Aug 26 81
C-Plex note: file
R4.0502 D/TW
25 Aug 81

Please print or type in the unshaded areas only (fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F T X D 0 9 5 4 3 7 2 1 6 — 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

8 — YR. __ MO. __ DAY __ FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR. __ MO. __ DAY __ FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP — 1

LINE NUMBER	A. PROCESS CODE (from list above)	B.1. AMOUNT (specify)	B.2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B.1. AMOUNT	B.2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	D 8 0	0.25	A		7				
2	D 8 3	500,000	G		8				
3	D 8 3	1 million	G		9				
4					10				

1201881

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY													
W	T	X	D	0	9	5	4	3	7	2	1	6	T/A	C	W	DUP										T/A	C	2	DUP
1	2											13	14	15	1	2										14	15	23	-	24

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (If a code is not entered in D(1))
1	D004	22 million	P	D83	Cooling tower blowdown Most of pure water evaporates
2	D010 D004	59,800	P	D80	
3	D010 D004	6,500,000	P	D83	Process wastewater Most of pure water evaporates
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

1201682

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

Form Approved OMB No. 158-S80004

V. FACILITY DRAWING *(see page 4)*

See initial application.

1201883

PUCKETT PLANT

REVISION OF EPA HAZARDOUS WASTE PERMIT APPLICATION

1201884

See Cover Letter in R4.0502 General Date: July 29, 1981
File R4.0502 D

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

1	F	T	X	D	0	9	5	4	3	7	2	1	6

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☐ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8			

☐ 2. NEW FACILITY *(Complete item below.)*

FOR NEW FACILITIES PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

1	C		DUP									C	1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 4. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	D80	0.25	A		7		1291885		
2	D83	500,000	G		8				
3	D83	1 million	G		9				
4					10				

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1): W T X D 0 9 5 4 3 7 2 1 6 — T/A: 1

FOR OFFICIAL USE ONLY: W DUP — T/A: 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (If a code is not entered in D(1))
1	D004	22 million	P	D 8 3	Cooling Tower Blowdown Most of pure water evaporates
2	D010 D004	59,800	P	D 8 0	
3	D010 D004	6,500,000	P	D 8 3	Process Wastewater Most of pure water evaporates
4					
5					
6					
7					
8					
9					
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22					
23					
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25					
26					

1201886

PUCKETT PLANT

REVISION OF TDWR HAZARDOUS WASTE PERMIT APPLICATION

1201888

Table III-1 Generated Hazardous Wastes and Management Activities

Verbal Description of Waste	TDWR Sequence Number	TDWR Waste Code Number	EPA Hazard Code	EPA Hazardous Waste No.	Waste Management Activities (Check applicable items) Off-Site Disposal	On-Site Storage[1]	On-Site Processing[2]	On-Site Disposal	Annual Quantity Generated (lbs)	SIC Code and Process
Sulfur Cake	NA	NA	T	D004				X	42,000	Natural Gas Sweenening - SIC Code 4922
CO_2 Filter Solids	NA	NA	T	D004 D010				X	1,000	"
Process Wastewater	NA	NA	T	D004 D010				X	28,500,000*	"
Wastewater Sludge	NA	NA	T	D004				X	16,800	"

* MOST OF THIS WATER EVAPORATES

[1] "Storage" means the interim containment or control of waste after generation and prior to ultimate disposal.

[2] "Processing" means the extraction of materials, transfer, volume reduction, conversion to energy, or other separation and preparation of solid waste for reuse or disposal, including the treatment or neutralization of hazardous waste so as to render such waste nonhazardous, safer for transport, amenable for recovery, amenable for storage, or reduced volume. The "transfer" of solid waste for reuse or disposal as used above, does not include the actions of a carrier in conveying or transporting solid waste by truck, ship, pipeline, or other means.

TEXAS EASTERN Transmission Corporation

WILLARD T. YOUNG
MANAGER
ENVIRONMENTAL CONTROL
ENGINEERING SERVICES DIVISION

June 10, 1981
OUR REF: 305-81

U. S. EPA Region 6
Sites Notification
Dallas, TX 75270

Gentlemen:

Please find attached a Superfund Notification form which was omitted from our June 9 transmittal.

Very truly yours,

Willard T. Young
Manager, Environmental Protection

DLD/jc
Attachment

bcc: Stirling Dougherty - w/attachment
Dr. D. H. France
Richard Kruse - w/attachment
W. G. Marks
George Moe
Gerald Walker - w/attachment

1201889

C 6-11-81 CRS

File R4.0502D

P.O. BOX 2521 HOUSTON, TEXAS 77001 (713) 759-3131

EPA Notification of Hazardous Waste Si(

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name: TRANSWESTERN PIPELINE COMPANY
Street: P. O. Box 2521
City: Houston State: TX Zip Code: 77001

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site: TRANSWESTERN PUCKETT PLANT
Street: See Item "H"
City: Ft. Stockton County: Pecos State: TX Zip Code:

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title): Young, Willard - Mgr. Environmental Protecti(
Phone: 713-759-5355

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year): 1959 To (Year): 1976

Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☒ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

_____
_____
_____

Source of Waste:
Place an X in the appropriate boxes.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☒ Other (Specify)

Natural Gas Sweetening
_____
_____

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

1201830

Form Approved
OMB No. 2000-0138
EPA Form 8900-1

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☐ Landfill
4. ☐ Tanks
5. ☒ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet: Indeterminant

gallons: _____

Total Facility Area

square feet: 145,500

acres: _____

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☒ Known ☒ Suspected ☐ Likely ☐ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

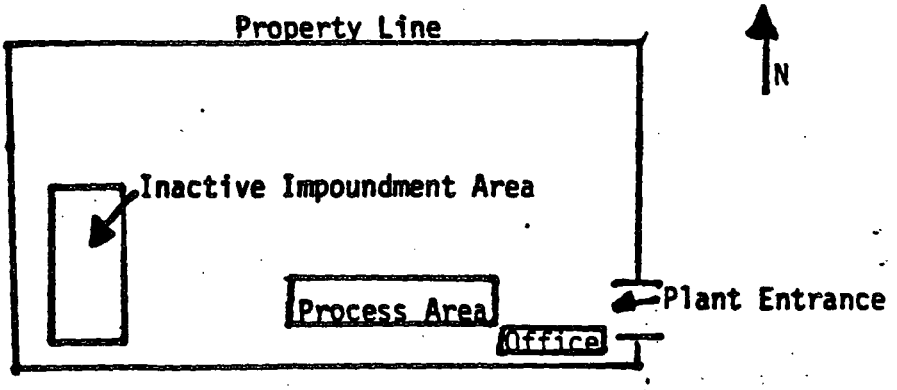
H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

Location: From Ft. Stockton, Texas, drive 18 miles East on Highway 290, then South 14 miles on Ranch Road 2028, then West ½ mile to plant location.

Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.



1201891

Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name: Willard T. Young

Street: P. O. Box 2521

City: Houston State: TX Zip Code: 77001

Signature: Willard T. Young Date: 6-9-81

- ☒ Owner, Present
- ☐ Owner, Past
- ☐ Transporter
- ☐ Operator, Present
- ☐ Operator, Past
- ☐ Other

TEXAS EASTERN
Transmission Corporation

WILLARD T. YOUNG
MANAGER
ENVIRONMENTAL CONTROL
ENGINEERING SERVICES DIVISION

June 9, 1981
OUR REF: 304-81

U. S. EPA Region 6
Sites Notification
Dallas, TX 75270

Gentlemen:

Please find attached three (3) Superfund notification forms for Texas Eastern Corporation's inactive disposal facilities.

Very truly yours,

Willard T. Young
Manager, Environmental Protection

DLD/jc
Attachments

bcc: Stirling Dougherty - w/Transwestern att
Dr. D. H. France
C. H. Lashley
W. G. Marks
George Moe
Charles O. Petty
Huey Seyfarth - w/La Gloria attachmt
Gerald Walker - w/Transwestern attachmt

Richard Kruse - w/attachment

1201892

EPA Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

Willard

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name: TRANSWESTERN PIPELINE COMPANY
Street: P. O. Box 2521
City: Houston State: TX Zip Code: 77001

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site: TRANSWESTERN PUCKETT PLANT
Street: See Item "H"
City: Ft. Stockton County: Pecos State: TX Zip Code:

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title): Young, Willard - Mgr. Env. Prot.
Phone: 713/759-5355

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year): 1959 To (Year): 1976

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☒ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

_____
_____
_____

Source of Waste:
Place an X in the appropriate boxes.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☒ Other (Specify)

Natural Gas Sweetening
_____
_____

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

1201893

Form Approved
OMB No. 2000-0138

EPA Form 8900-1

Notification of Hazardous Waste Site — Side Two

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet: Indeterminant

gallons: _____

Total Facility Area

square feet: 1) 4,000 2) 5,500

acres: _____

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

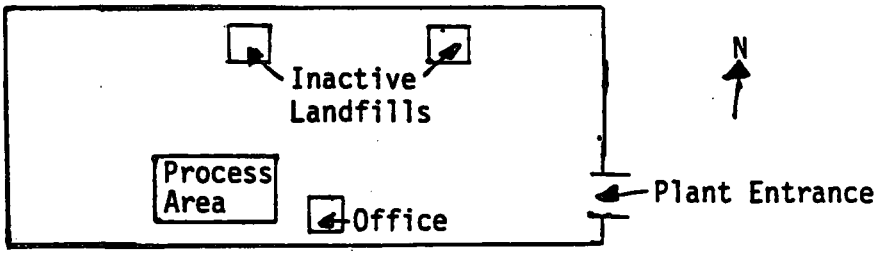
There are two (2) inactive landfills along the northern property line on the eastern side of the plant site. This site has active treatment and disposal facilities which have EPA interim authorization (EPA I.D. #TXD095437216)

Location: From Fort Stockton, Texas, drive 18 miles East on Highway 290, then South 14 miles on Ranch Road 2028, then West ½ mile to plant location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

Area surrounding site is used for oil and gas well production with some livestock grazing



1201894

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name: Willard T. Young, Mgr. Env. Protection

Street: P. O. Box 2521

City: Houston State: TX Zip Code: 77001

Signature: Willard T. Young Date: 6/9/89

☒ Owner, Present
☐ Owner, Past
☐ Transporter
☐ Operator, Present
☐ Operator, Past
☐ Other

TEXAS EASTERN Transmission Corporation

WILLARD T. YOUNG
MANAGER
ENVIRONMENTAL CONTROL
ENGINEERING SERVICES DIVISION

August 18, 1981
OUR REF: 456-81

Mr. Dwight Corley
EPA Region VI
1201 Elm Street
Dallas, TX 75270

Dear Mr. Corley:

Please find attached a revised EPA Part A Hazardous Waste Permit Application for Transwestern Pipeline Company's Keystone Plant (EPA I.D. Number TXD000729038).

In accordance with Section 122.23 of EPA's Consolidated Permit Regulations, we are submitting the revised application due to laboratory waste analysis results. Chromium was suspected to be present in the wastewater surface impoundment in an amount greater than the EP toxicity level and therefore was identified on the initial application. After the initial application was submitted, laboratory analysis performed by Aqualab of Austin, Texas indicated acceptable chromium levels at this facility.

If there are any questions concerning this submittal, please contact Anita Cuevas at 713/759-5318.

Very truly yours,

W. T. Young

Willard T. Young
Manager, Environmental Protection

This Has Already been Submitted
Will Need to re file Should we Re Class Iron Sulfide Filters

ANC/jc
Attachment

1201395

OAS Aug 26-81
R4105020 T/W
26 Aug 81

bcc: S. M. Dougherty - w/attachments
Dr. D. H. France
W. G. Marks
George Moe
Gerald Walker - w/attachments

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F TXD000729038 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☐ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

☐ 2. NEW FACILITY *(Complete item below.)*

C 8 | YR. | MO. | DAY | FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

| YR. | MO. | DAY | FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. **PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. **PROCESS DESIGN CAPACITY** — For each code entered in column A enter the capacity of the process.
1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	D 8 0	0.22	A		7				
2					8				
3					9				
4					10				

1201896

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

ntinued from the front.

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE NCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

C. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non—listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non—listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by ore than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

KAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds r year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	1201897
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WAS[illegible] (continued)

E. USE THIS SPACE TO LIST ADDITIONA[illegible] PROCESS CODES FROM ITEM D(1) ON PA[illegible] 3.

EPA I.D. NO. (enter from page 1)

F	T	X	D	0	0	0	7	2	9	0	3	8	T/A	6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail)*.

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground–level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail)*.

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes, & seconds)
31 57 00 1	103 03 01 6

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
Willard T. Young Manager, Environmental Protection	Willard T. Young	8/19/81

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1): W T X D 0 0 0 7 2 9 0 3 8 — F/A: — C: 1

FOR OFFICIAL USE ONLY: W DUP — F/A: — C: 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (If a code is not entered in D(1))
1	D 0 0 1	40,000	P	D 8 0	Iron Sulfide Filters: Active portion represents 25% of weight
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					1201899
25					
26					

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

Form Approved OMB No. 158-S80004

V. FACILITY DRAWING *(see page 4)*

SEE FIRST APPLICATION

1201900

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION VI
1201 ELM STREET
DALLAS, TEXAS 75270

July 13, 1981

Transwestern Pipeline-Keystone Plant
Attn: Willard Young
P.O. Box 2521
Houston, Texas 77001

EPA ID NUMBER: TXD 00 072 9038

FACILITY LOCATION: Section 21, Block C-77
Kermit, Texas

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities and the types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

If you have any questions concerning this letter, please contact Dwight Corley at (214) 767-2765, or write Mail Code 6E-P, 1201 Elm Street, Dallas, Texas 75270.

Sincerely,

Diana Dutton, Director
Enforcement Division (6E)

1201901

cc: Texas Department of Water Resources

CONDITIONS OF OPERATION DURING
INTERIM STATUS

Date prepared: July 13, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

I. Facility name, location and EPA identification number:

Name: Transwestern Pipeline-Keystone Plant

Location: Section 21, Block C-77

Kermit, Tx

EPA ID No: TXD 00 072 9038

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265:

Owner's name: Transwestern Pipeline Company

Operator's name: Transwestern Pipeline Company

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated:

Process Code	Design Capacity Amount	Unit of Measure
D80	0.220	Acre-Feet
S04	1,450,000.	Gallons

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid wastes exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers:

D001 D007

1201902

EPA Region VI, Dallas, TX 75270
(214) 767-2765

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W T X D 0 0 0 7 2 9 0 3 8 — T/A: — C: 1	W — DUP — T/A: — C: 2 — DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	D 0 0 1	40,000	P	D 8 0	Iron Sulfide Filters: Active portion represents 25% of weight
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					1201903
25					
26					

Please print or type in the unshaded areas only
(Fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F	T	X	D	0	0	0	7	2	9	0	3	8	

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☐ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

C	YR.	MO.	DAY
8			

☐ 2. NEW FACILITY *(Complete item below.)*

FOR NEW FACILITIES PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	G

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G	
X-2	T03	20	E	
1	D80	0.22	A	
2				
3				
4				

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
5				
6				
7		12001004		
8				
9				
10				

DW0550 TEXAS WATER COMMISSION 01-29-86
NOTICE OF REGISTRATION
INDUSTRIAL SOLID WASTE GENERATION/DISPOSAL

THIS IS NOT A PERMIT AND DOES NOT CONSTITUTE AUTHORIZATION OF ANY WASTE MANAGEMENT ACTIVITIES OR FACILITIES LISTED BELOW. REQUIREMENTS FOR SOLID WASTE MANAGEMENT ARE PROVIDED BY TEXAS ADMINISTRATIVE CODE SECTION 335 OF THE RULES OF THE TEXAS WATER COMMISSION (TWC). CHANGES OR ADDITIONS TO WASTE MANAGEMENT METHODS REFERRED TO IN THIS NOTICE REQUIRE WRITTEN NOTIFICATION TO THE TWC.

DATE OF NOTICE: 01-30-86 REGISTRATION DATE: 12-15-81

REGISTRATION NUMBER: 32258 EPA I.D. NUMBER: TXD000729038

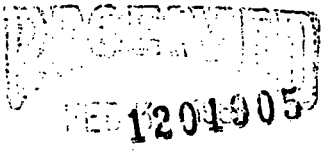
THE REGISTRATION NUMBER PROVIDES ACCESS TO STORED INFORMATION PERTAINING TO YOUR OPERATION. PLEASE REFER TO THAT NUMBER IN ANY CORRESPONDENCE.

COMPANY NAME: TRANSWESTERN PIPELINE CO
MAILING ADDRESS: P.O.BOX 1188
HOUSTON, TEXAS 77001
GENERATING SITE LOCATION:
KEYSTONE PLANT NE NEAR KERMIT,TEXAS
CONTACT PERSON: DAVID BAYS
PHONE: (713) 654-6109
NUMBER OF EMPLOYEES: 8 - 24
TWC DISTRICT: 10

REGISTRATION STATUS: INACTIVE
REGISTRATION TYPE: GENERATOR
HAZARDOUS WASTE STATUS: NON-HANDLER

I. WASTE GENERATED:

WASTE NUMBER	DESCRIPTION	CLASS	CODE	DISPOSITION
001	MISC. PLANT WASTES	II	270770	ON-SITE
002	WASHWATER	II	208110	ON-SITE
003	COOLING WATER BLOWDOWN	I	100530	ON-SITE
004	AMINE FILTERS	I	173470	ON-SITE



II. SHIPPING/REPORTING: NOT APPLICABLE

III. ON-SITE WASTE MANAGEMENT FACILITIES:

FAC NO.	FACILITY	STATUS
01	LANDFILL DISPOSAL OF WASTE NUMBER(S) 001 LANDFILL-350 CU YD CAPACITY	ACTIVE
02	SURFACE IMPOUNDMENT STORAGE OF WASTE NUMBER(S) 002 WEST CONCRETE LINED 77X220X4'D	ACTIVE
03	SURFACE IMPOUNDMENT STORAGE OF WASTE NUMBER(S) 003 EAST CONCRETE LINED 143X220X4'	ACTIVE
04	INCINERATOR PROCESSING/DISPOSAL OF WASTE NUMBER(S) 004	ACTIVE

UNLESS OTHERWISE STATED ABOVE, FACILITIES ARE LOCATED
AT KEYSTONE PLANT NE NEAR KERMIT,TEXAS
COUNTY OF WINKLER

IV. RECORDS.

A. FOR PURPOSES OF FILING ANNUAL REPORTS PURSUANT TO TEXAS ADMINISTRATIVE CODE SECTION 335 OF THE RULES OF THE TWC PERTAINING TO INDUSTRIAL SOLID WASTE MANAGEMENT, RECORDS SHOULD BE MAINTAINED FOR STORAGE, PROCESSING AND/OR DISPOSAL OF THE FOLLOWING WASTE(S) LISTED IN PART I:

003 100530 COOLING WATER BLOWDOWN

004 173470 AMINE FILTERS

B. PROOF OF RECORDATION IN THE COUNTY DEED RECORDS, AS REQUIRED BY TEXAS ADMINISTRATIVE CODE SECTION 335 OF THE RULES OF THE TDWR, SHOULD BE SUBMITTED TO THE EXECUTIVE DIRECTOR FOR THE FOLLOWING FACILITIES LISTED IN PART III IN ACCORDANCE WITH THE FOLLOWING SCHEDULES:

NEW FACILITIES - PRIOR TO INITIATION OF DISPOSAL OPERATIONS.

EXISTING FACILITIES - AS SOON AS POSSIBLE, BUT NO LATER THAN SIXTY (60) DAYS FROM THE DATE OF THIS NOTICE, UNLESS PREVIOUSLY SUBMITTED.

FAC NO	FACILITY
01	LANDFILL

REGISTRATION NUMBER: 32180
COMPANY NAME: TRANSWESTERN PIPELINE CO.

DWC550 TEXAS DEPARTMENT OF WATER RESOURCES 07-17-85
NOTICE OF REGISTRATION
INDUSTRIAL SOLID WASTE GENERATION/DISPOSAL

THIS IS NOT A PERMIT AND DOES NOT CONSTITUTE AUTHORIZATION OF ANY WASTE MANAGEMENT ACTIVITIES OR FACILITIES LISTED BELOW. REQUIREMENTS FOR SOLID WASTE MANAGEMENT ARE PROVIDED BY TEXAS ADMINISTRATIVE CODE SECTION 335 OF THE RULES OF THE TEXAS DEPARTMENT OF WATER RESOURCES (TDWR). CHANGES OR ADDITIONS TO WASTE MANAGEMENT METHODS REFERRED TO IN THIS NOTICE REQUIRE WRITTEN NOTIFICATION TO THE TDWR.

DATE OF NOTICE: 07-15-85 REGISTRATION DATE: 10-15-81

REGISTRATION NUMBER: 32180 EPA I.D. NUMBER: TXD000729046

THE REGISTRATION NUMBER PROVIDES ACCESS TO STORED INFORMATION PERTAINING TO YOUR OPERATION. PLEASE REFER TO THAT NUMBER IN ANY CORRESPONDENCE.

COMPANY NAME: TRANSWESTERN PIPELINE CO.
MAILING ADDRESS: PYOTE PLANT AND STATION
P.O.BOX 1188
HOUSTON, TEXAS 77001
GENERATING SITE LOCATION:
FROM PYOTE, S ON HWY 1927 7 MI THEN EAST 2 MI
CONTACT PERSON: DAVID BAYS
PHONE: (713) 654-6109
NUMBER OF EMPLOYEES: 25 - 49
TDWR DISTRICT: 10

REGISTRATION STATUS: ACTIVE
REGISTRATION TYPE: GENERATOR
HAZARDOUS WASTE STATUS: NON-HANDLER

I. WASTE GENERATED:

WASTE NUMBER	DESCRIPTION	CLASS	CODE	DISPOSITION
001	ORGANICS, COMBUSTIBLE & WATER	I	109750	ON-SITE/OFF-SITE
002	OILY WASTEWATER	I	109760	ON-SITE/OFF-SITE
003	AMINE FILTERS	I	173470	ON-SITE

1201908

II. SHIPPING/REPORTING: PURSUANT TO TEXAS ADMINISTRATIVE CODE SECTION 335 OF THE RULES OF THE TDWR PERTAINING TO INDUSTRIAL SOLID WASTE MANAGEMENT, ISSUANCE OF MANIFESTS AND MONTHLY REPORTING ARE REQUIRED FOR OFF-SITE STORAGE/PROCESSING/DISPOSAL OF THE FOLLOWING CLASS I WASTES LISTED IN PART I.

PREPARE A MONTHLY WASTE SHIPMENT SUMMARY AND SUBMIT IT ALONG WITH THE GREEN COPY OF THE MANIFEST(S) FOR EACH MONTH THAT SHIPMENTS OF THE FOLLOWING WASTE(S) ARE MADE. NO MONTHLY WASTE SHIPMENT SUMMARY IS REQUIRED FOR MONTHS WHEN SHIPMENTS ARE NOT MADE.

001 109750 ORGANICS, COMBUSTIBLE & WATER

002 109760 OILY WASTEWATER

III. ON-SITE WASTE MANAGEMENT FACILITIES:

FAC NO.	FACILITY	STATUS
01	SURFACE IMPOUNDMENT STORAGE OF WASTE NUMBER(S) 001 CONCRETE 100 X 34 X 6 FT.	ACTIVE
02	SURFACE IMPOUNDMENT STORAGE OF WASTE NUMBER(S) 002 CONCRETE 50 X 50 X 6 FT.	ACTIVE
03	INCINERATOR PROCESSING/DISPOSAL OF WASTE NUMBER(S) 003 LOCATED AT #32258-KEYSTONE PLT	ACTIVE

UNLESS OTHERWISE STATED ABOVE, FACILITIES ARE LOCATED AT FROM PYOTE, S ON HWY 1927 7 MI THEN EAST 2 MI COUNTY OF WARD

IV. RECORDS.

A. FOR PURPOSES OF FILING ANNUAL REPORTS PURSUANT TO TEXAS ADMINISTRATIVE CODE SECTION 335 OF THE RULES OF THE TDWR PERTAINING TO INDUSTRIAL SOLID WASTE MANAGEMENT, RECORDS SHOULD BE MAINTAINED FOR STORAGE, PROCESSING AND/OR DISPOSAL OF THE FOLLOWING WASTE(S) LISTED IN PART I:

1201909

001 109750 ORGANICS, COMBUSTIBLE & WATER

002 109760 OILY WASTEWATER

003 173470 AMINE FILTERS

1201910

DWC550 TEXAS DEPARTMENT OF WATER RESOURCES 07-17-85
NOTICE OF REGISTRATION
INDUSTRIAL SOLID WASTE GENERATION/DISPOSAL

THIS IS NOT A PERMIT AND DOES NOT CONSTITUTE AUTHORIZATION OF ANY WASTE MANAGEMENT ACTIVITIES OR FACILITIES LISTED BELOW. REQUIREMENTS FOR SOLID WASTE MANAGEMENT ARE PROVIDED BY TEXAS ADMINISTRATIVE CODE SECTION 335 OF THE RULES OF THE TEXAS DEPARTMENT OF WATER RESOURCES (TDWR). CHANGES OR ADDITIONS TO WASTE MANAGEMENT METHODS REFERRED TO IN THIS NOTICE REQUIRE WRITTEN NOTIFICATION TO THE TDWR.

DATE OF NOTICE: 07-15-85 REGISTRATION DATE: 08-15-81

REGISTRATION NUMBER: 32154 EPA I.D. NUMBER: TXD000729012

THE REGISTRATION NUMBER PROVIDES ACCESS TO STORED INFORMATION PERTAINING TO YOUR OPERATION. PLEASE REFER TO THAT NUMBER IN ANY CORRESPONDENCE.

COMPANY NAME: TRANSWESTERN PIPELINE CO.
MAILING ADDRESS: WT-II STATION
P.O. BOX 1188
HOUSTON 77001
GENERATING SITE LOCATION:
15 MI W OF KERMIT OFF HWY 302,HALREY RD,POB 1059
CONTACT PERSON: DAVID BAYS
PHONE: (713) 654-6109
NUMBER OF EMPLOYEES: 1 - 7
TDWR DISTRICT: 10

REGISTRATION STATUS: ACTIVE
REGISTRATION TYPE: GENERATOR
HAZARDOUS WASTE STATUS: GENERATOR

I. WASTE GENERATED:

WASTE NUMBER	DESCRIPTION	CLASS	CODE	DISPOSITION
001	NATURAL GAS CONDENSATE CONTAINING HEAVY METALS	IH	902730	ON-SITE/OFF-SITE
	EPA HAZARDOUS WASTE NOS. (REFER TO 40 CFR PART 261 FOR DESCRIPTIONS): D004			
002	WASHWATER	II	208110	ON-SITE
003	PLANT REFUSE, GENERAL MISC.	II	279760	ON-SITE

1201911

B. PROOF OF RECORDATION IN THE COUNTY DEED RECORDS, AS REQUIRED BY TEXAS ADMINISTRATIVE CODE SECTION 335 OF THE RULES OF THE TDWR, SHOULD BE SUBMITTED TO THE EXECUTIVE DIRECTOR FOR THE FOLLOWING FACILITIES LISTED IN PART III IN ACCORDANCE WITH THE FOLLOWING SCHEDULES:

NEW FACILITIES - PRIOR TO INITIATION OF DISPOSAL OPERATIONS.

EXISTING FACILITIES - AS SOON AS POSSIBLE, BUT NO LATER THAN SIXTY (60) DAYS FROM THE DATE OF THIS NOTICE, UNLESS PREVIOUSLY SUBMITTED.

FAC NO	FACILITY
03	LANDFILL

1201913

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA — U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: F | T/A: 1 | C | APPROVED | DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

STATION 8

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 P.O. BOX 2521

CITY OR TOWN: 4 HOUSTON | ST.: TX | ZIP CODE: 77001

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 POBOX 387

CITY OR TOWN: 6 CAPITAN | ST.: NM | ZIP CODE: 88316

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: 2 YOUNG, WILLARD T., MGR ENV CNTRL

PHONE NO. *(area code & no.)*: 713-759-5355

V. OWNERSHIP

DETACH

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 TRANSWESTERN PIPELINE COMPANY

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*: M

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify):*

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

W

W A C

1

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

[X] 1. IGNITABLE (D001)	[ ] 2. CORROSIVE (D002)	[ ] 3. REACTIVE (D003)	[X] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
	Willard T. Young, Mgr. Env. Control	

1201915

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinte label, affix it in the space at left. If any of th information on the label is incorrect, draw a lin through it and supply the correct informatio in the appropriate section below. If the label complete and correct, leave Items I, II, and II below blank. If you did not receive a preprinte label, complete all items. "Installation" means single site where hazardous waste is generatec treated, stored and/or disposed of, or a trans porter's principal place of business. Please refe to the INSTRUCTIONS FOR FILING NOTIFI CATION before completing this form. Th information requested herein is required by lav *(Section 3010 of the Resource Conservation anc Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS

C

INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day)

F | T/A | C | 1

I. NAME OF INSTALLATION

STATION 7

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PO BOX 2521

CITY OR TOWN | ST. | ZIP CODE

4 HOUSTON | TX | 77001

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 PO BOX N

CITY OR TOWN | ST. | ZIP CODE

6 MOUNTAINAIR | NM | 87036

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)* | PHONE NO. *(area code & no.)*

2 YOUNG, WILLARD-MGR, ENV. PROTECT | 713-759-5355

V. OWNERSHIP

DETACH

A. NAME OF INSTALLATION'S LEGAL OWNER

8 TRANSWESTERN PIPELINE COMPANY

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify):*

1201516

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.

NMD000729053

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. – FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

[X] 1. IGNITABLE (D001)	[ ] 2. CORROSIVE (D002)	[ ] 3. REACTIVE (D003)	[ ] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Willard Young	WILLARD T. YOUNG MANAGER, ENVIRONMENTAL PROTECTION	11/19/80

1201317

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinte label, affix it in the space at left. If any of th information on the label is incorrect, draw a lin through it and supply the correct informatio in the appropriate section below. If the label complete and correct, leave Items I, II, and I below blank. If you did not receive a preprinte label, complete all items. "Installation" means single site where hazardous waste is generatec treated, stored and/or disposed of, or a trans porter's principal place of business. Please refe to the INSTRUCTIONS FOR FILING NOTIFI CATION before completing this form. Th information requested herein is required by lav *(Section 3010 of the Resource Conservation anc Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS

C

INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day)

F | T/A: 1

I. NAME OF INSTALLATION

STATION 6

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PO BOX 2521

CITY OR TOWN | ST. | ZIP CODE

4 HOUSTON | TX | 77001

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 PO BOX 61

CITY OR TOWN | ST. | ZIP CODE

6 LAGUNA | NM | 87026

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)* | PHONE NO. *(area code & no.)*

2 YOUNG,WILLARD-MGR,ENV.PROTECT | 713-759-5355

V. OWNERSHIP

DETACH

A. NAME OF INSTALLATION'S LEGAL OWNER

8 TRANSWESTERN PIPELINE COMPANY

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify):* 1201918

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.

NMD000729004

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

EPA Form 8700-12 (6-80)

I.D. – FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

- [X] 1. IGNITABLE (D001)
- [ ] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [ ] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Willard Young	WILLARD T. YOUNG MANAGER, ENVIRONMENTAL PROTECTION	11/19/80

EPA Form 8700-12 (6-80) REVERSE

1201919

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA — U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act)*.

DETACH

FOR OFFICIAL USE ONLY

COMMENTS

C

INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day)

F | T/A | C | 1

I. NAME OF INSTALLATION

STATION 5

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PO BOX 2521

CITY OR TOWN | ST. | ZIP CODE

4 HOUSTON | TX | 77001

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 PO BOX 127

CITY OR TOWN | ST. | ZIP CODE

6 THOREAU | NM | 87323

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)* | PHONE NO. *(area code & no.)*

2 YOUNG, WILLARD - MGR, ENV. PROTECT | 713-759-5355

DETACH

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 TRANSWESTERN PIPELINE COMPANY

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete Item VII)*
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*: 1201320

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION *(complete Item C)*

C. INSTALLATION'S EPA I.D. NO.: NMD094139599

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. – FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

- [X] 1. IGNITABLE (D001)
- [ ] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [ ] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Willard Young	WILLARD T. YOUNG MANAGER, ENVIRONMENTAL PROTECTION	11/19/80

EPA Form 8700-12 (6-80) REVERSE

DETACH A

1201921

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day)

F | T/A: I

I. NAME OF INSTALLATION

STATION 4

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

P.O. BOX 2521

CITY OR TOWN | ST. | ZIP CODE

HOUSTON | TX | 77001

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

POBOX 328

CITY OR TOWN | ST. | ZIP CODE

SANDERS | AZ | 86512

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)* | PHONE NO. *(area code & no.)*

YOUNG, WILLARD T., MGR ENV CNTRL | 713-759-5355

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

TRANSWESTERN PIPELINE COMPANY

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify):* 1201522

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

W | 1

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

[X] 1. IGNITABLE (D001)	[ ] 2. CORROSIVE (D002)	[ ] 3. REACTIVE (D003)	[X] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
	Willard T. Young, Mgr. Env. Control	

1201923

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA — U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

DETACH A

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F		

I. NAME OF INSTALLATION

STATION 3-TRANSWESTERN PIPELINE CO.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: P.O. BOX 2521

CITY OR TOWN	ST.	ZIP CODE
HOUSTON	TX	77001

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: SEE ATTACHMENT

CITY OR TOWN	ST.	ZIP CODE
IFUPP	AZ	86035

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
YOUNG, WILLARD-MGR. ENV. PROTECT.	713-759-5355

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: TRANSWESTERN PIPELINE COMPANY

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): F = FEDERAL, M = NON-FEDERAL — M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- [X] A. GENERATION
- [ ] B. TRANSPORTATION (complete Item VII)
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

120924

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.: AZT050010750

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. – FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

- [X] 1. IGNITABLE (D001)
- [ ] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [X] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
	Willard T. Young Manager, Environmental Protection	

EPA Form 8700-12 (6-80) REVERSE

1201925

ATTACHMENT

TRANSWESTERN PIPELINE COMPANY

STATION 8 - Location: T 22 N, R 14 E, Coconino Co., A 40, Navaho Indian Reservation, Leupp, Arizona

1201926

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act)*.

DETACH

FOR OFFICIAL USE ONLY

COMMENTS

C

INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day)

F | T/A | C | I

I. NAME OF INSTALLATION

STATION 2

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P.O. BOX 2521

CITY OR TOWN | ST. | ZIP CODE

4 HOUSTON | TX | 77001

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 PO BOX 370

CITY OR TOWN | ST. | ZIP CODE

6 FLAGSTAFF | AZ | 86001

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)* | PHONE NO. *(area code & no.)*

2 YOUNG, WILLARD T., MGR ENV CNTRL | 713-759-5355

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 TRANSWESTERN PIPELINE COMPANY

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

12015?

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

I.D. – FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

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E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

[X] 1. IGNITABLE (D001)	[ ] 2. CORROSIVE (D002)	[ ] 3. REACTIVE (D003)	[X] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
	Willard T. Young, Mgr. Env. Control	

1201928

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158:
GSA No. 0246-EPA-OT

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

I. INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

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DETACH

FOR OFFICIAL USE ONLY

COMMENTS

C

INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day)

F | 1

I. NAME OF INSTALLATION

STATION 1-TRANSTERN PIPELINE CO.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P.O. BOX 2521

CITY OR TOWN | ST. | ZIP CODE

4 HOUSTON | TX | 77001

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 P.O BOX 428 MOHAVE CO.

CITY OR TOWN | ST. | ZIP CODE

6 SELIGMAN | AZ | 86337

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)* | PHONE NO. *(area code & no.)*

2 YOUNG, WILLARD-MGR, ENV. PROTECT. | 713-759-5355

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 TRANSWESTERN PIPELINE COMPANY

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

1201329

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

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- [X] 1. IGNITABLE (D001)
- [ ] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [ ] 4. TOXIC (D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
	Willard T. Young Manager, Environmental Protection	6/15/81

EPA Form 8700-12 (6-80) REVERSE

1201030

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved OMB No. 158-S
GSA No. 0246-EPA-OT

EPA — U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	
I. NAME OF INSTALLATION	
II. INSTALLATION MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE
III. LOCATION OF INSTALLATION	

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DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F		

I. NAME OF INSTALLATION

NEEDLES STATION-TRANSWESTERN PIPELINE

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 P.O. BOX 2521

CITY OR TOWN	ST.	ZIP CODE
4 HOUSTON	TX	77001

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 PO BOX 5117, 5MI. N OF NEEDLES

CITY OR TOWN	ST.	ZIP CODE
6 MOHAVE VALLEY	AZ	86440

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 YOUNG, WILLARD-MGR. ENV. PROTECT.	713-759-5355

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 TRANSWESTERN PIPELINE COMPANY

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): M

F = FEDERAL
M = NON-FEDERAL

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- [ ] B. TRANSPORTATION (complete item VII)
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

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- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify)*:

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- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.:

IX. DESCRIPTION OF HAZARDOUS WASTES

I.D. – FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

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SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
William T. Young	Willard T. Young Manager, Environmental Protection	6/15/81

EPA Form 8700-12 (6-80) REVERSE

1201332

TRANSWESTERN PIPELINE COMPANY
PCB REMEDIAL MONITORING PROGRAM
(REFERENCE EPA LETTER OF 12-7-81)

I. BACKGROUND

II. CONDENSATE SAMPLING

1. (a) Three locations on the contaminated portion of the system where the largest volume of gas is supplied to distribution companies.

RESPONSE: No gas is supplied directly to a distribution company from the contaminated portion of the system. (Reference Part II Item 2).

(b) One utility sales point in each state supplied by a contaminated portion of your system.

RESPONSE: No utility sales points are supplied with gas in the states traversed by the contaminated portion of the system.

(c) One distribution supply location on a section of system which is not contaminated.

LOCATION SELECTION: Cities Service - Canadian sales point, Hemphill County, Texas.

2. Three points on the contaminated portion of the system where gas is supplied to other transmission companies.

LOCATION SELECTION: The only point on the contaminated portion of the system where gas is supplied to another transmission company is to Pacific Lighting Service Company at Needles, Mohave County, Arizona.

3. Three consendate collection points within the contaminated portion of the system (excluding sales and interchange points) where large volumes of condensate are normally found.

LOCATION SELECTIONS:

	Collection Location	Sampling Point
(1)	Compressor Station No. 2 Flagstaff, Arizona	Scrubber Pit
(2)	Compressor Station No. 5 Thoreau, New Mexico	Scrubber Pit
(3)	Compressor Station No. 7 Mountainair, New Mexixo	Scrubber Pit

4. Three locations where gas is purchased from another transmission company.

RESPONSE: Gas is not normally purchased from another transmission company anywhere on the contaminated portion of the system.

1201033

5. One point where gas is received from an underground storage field on the contaminated portion of the system.

RESPONSE: Gas is not received from an underground storage field anywhere on the contaminated portion of the system.

TRANSWESTERN PIPELINE COMPANY
PCB REMEDIAL MONITORING PROGRAM
(REFERENCE EPA LETTER OF 12-4-81)

6. (a) One location downstream and upstream of points where new equipment such as filter/separators, scrubbers, drips, etc. are installed as part of remedial effort.

RESPONSE: Not applicable at this time.

(b) Condensate sampling before and after other remedial steps such as pigging are carried out.

ACTION PROPOSED: Pipeline samples will be taken before and after pigging performed for PCB cleanup purposes.

III. CONDENSATE REMOVAL

1. Volume of condensate collected from those points chosen for monitoring in Part II above.

ACTION PROPOSED: Accumulate information on condensate collected at the following locations

a. Cities Service - Canadian, Hemphill County, Texas
b. Pacific Lighting Service Company, Needles, Mohave County, Arizona
c. Compressor Station No. 2, Flagstaff, Arizona
d. Compressor Station No. 5, Thoreau, New Mexico
e. Compressor Station No. 7, Mountainair, New Mexico

2. Total volume of condensate collected from the contaminated portion of the system having a PCB concentration of 50 to 500 PPM.

ACTION PROPOSED: Accumulate quantities of condensate collected in the system from Compressor Station No. 8 - Corona, New Mexico to Pacific Lighting sales point at Needles, Arizona.

3. Total volume of condensate collected from the contaminated portion of the system having a PCB concentration of 500 PPM or greater.

RESPONSE: PCB concentrations in the contaminated portion of the system do not normally run above 500 PPM.

IV. GAS STREAM SAMPLING

Gas stream sampling to be conducted in conjunction with condensate samples at the major sales points selected for condensate sampling (Part II, No. 1 above) using the June, 1981 "Method to Measure PCBs in Natural Gas Pipelines," EPA 600/4-81-048 (method section pages A-1 thru A-16). One gas sample to be collected at each of the three points as follows:

1201534

(1) February, 1982
(2) June, 1982
(3) September, 1982
(4) February, 1983

RESPONSE: No major sales points are designated for condensate sampling under Part II, No. 1 above. However, one gas sample will be collected at

the Pacific Lighting sales point at Needles, Arizona in accordance with the above schedule.

V. QUALITY ASSURANCE - TECHNICAL ASSISTANCE

EPA is to make available two "check" samples of pipeline condensate containing a known quantity of PCBs for analysis by laboratories utilized during this program.

ACTION PROPOSED: Labs to be used are as follows:

(1) Primary Lab-
Texas Eastern Analytical Laboratory
Texas Eastern Gas Pipeline Company
P. O. Box 2521
Houston, Texas 77001
Attention: Mr. Douglas Dodds

(2) Alternate Lab
Southern Patroleum Laboratories Inc.
8880 Interchange
P. O. Box 20807
Houston, Texas 77054
Attention: Mr. Sammy Russo

IV. SUBMISSION OF INFORMATION

1. An initial report is required to be submitted to EPA by January 12, 1982 to include:

(a) List of exact location of sampling sites including type of sampling point (scrubber, drip, etc.) and category under which the point falls in Part II above.

RESPONSE: See information furnished for Part II above. Condensate samples will be collected at meter station facilities, except as otherwise noted.

(b) A list of condensate collection points for reporting under Part III above if condensate is not removed at the exact location where samples will be collected.

RESPONSE: It is proposed that all condensate collected for reporting under Part III will be collected at the facility location.

(c) A system map indicating the location of sampling points (Part II) and condensate collection points (Part III).

RESPONSE: See attached system map.

(d) The name, address, and contact person at each laboratory used.

RESPONSE: Reference Part V above.

TRANSWESTERN PIPELINE COMPANY
PCB REMEDIAL MONITORING PROGRAM
(REFERENCE EPA LETTER OF 12-4-81)

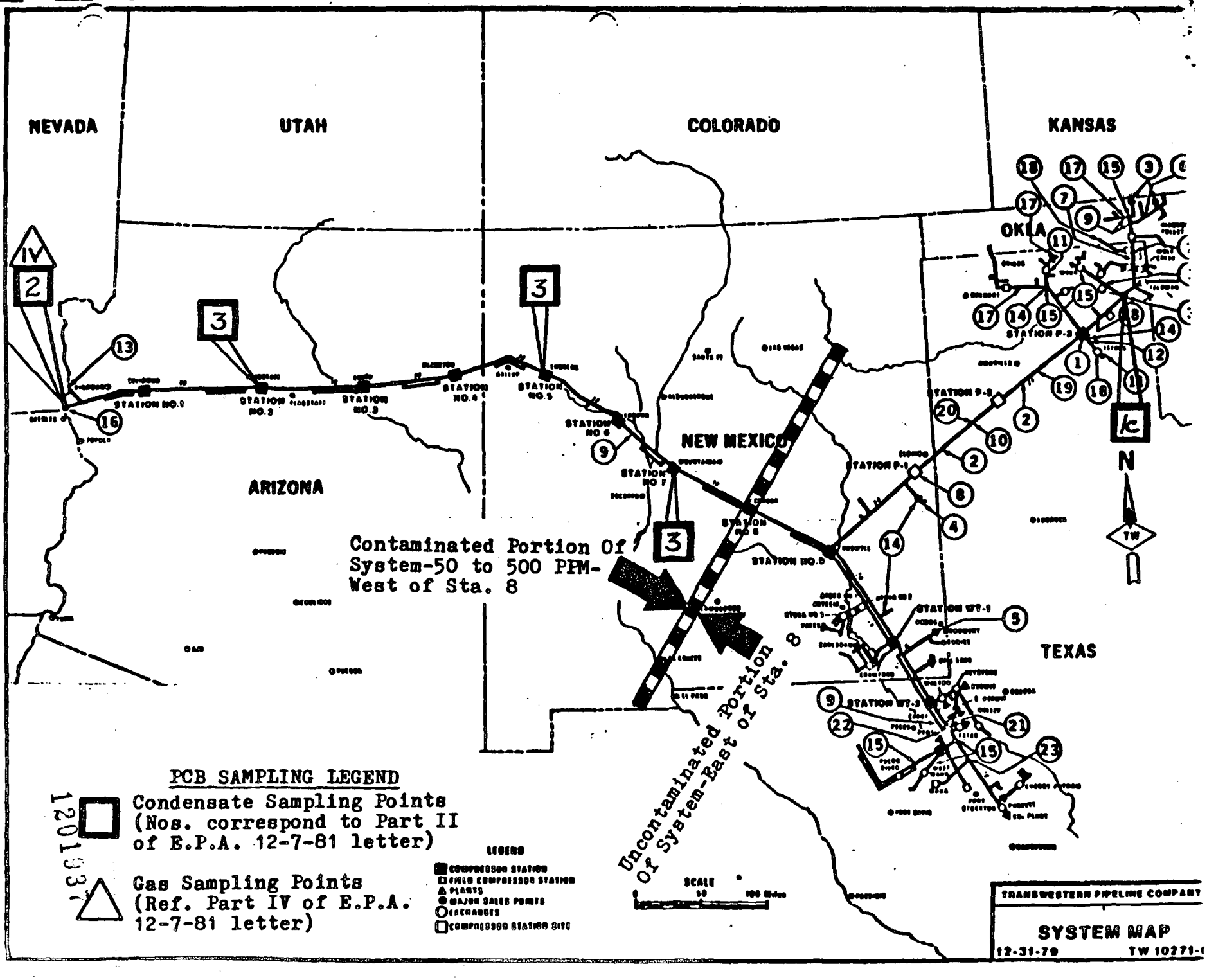
2. Monitoring reports to be submitted as follows:

Report Date	For Samples Collected During
January 15, 1982	December, 1981
April 15, 1982	January-March, 1982
July 15, 1982	June, 1982
October 15, 1982	September, 1982
January 15, 1983	October-December, 1982
April 15, 1983	January-March, 1983

ACTION PROPOSED: Because of the timing of the receipt of the EPA letter and the time needed to develop and implement the monitoring plan, it is proposed that sampling will commence with the January-March, 1982 sampling period, reportable April 15, 1982.

1-11-82

1201036


NEVADA
UTAH
COLORADO
KANSAS
OKLA.
NEW MEXICO
ARIZONA
TEXAS
Contaminated Portion Of System-50 to 500 PPM- West of Sta. 8
Uncontaminated Portion Of System-East of Sta. 8
PCB SAMPLING LEGEND
Condensate Sampling Points (Nos. correspond to Part II of E.P.A. 12-7-81 letter)
Gas Sampling Points (Ref. Part IV of E.P.A. 12-7-81 letter)
LEGEND
SCALE
N
TW
TRANSWESTERN PIPELINE COMPANY
SYSTEM MAP
12-31-79
TW 10271-(

cc: D. Bays

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION VI
1201 ELM STREET
DALLAS, TEXAS 75270

CERTIFIED MAIL: RETURN RECEIPT REQUESTED

July 2, 1986

Mr. Richard Tavelli
Transwestern Pipeline Company
P. O. Box 1188
Houston, Texas 77001

Dear Mr. ~~Castle~~ TAVELLI:

We have no objection to the cleanup plan attached to your letter of May 1, 1986, except for the proposed cleanup levels. After reviewing the circumstances and the cleanup policy being developed by our Headquarters, we believe that cleanup to 25 ppm or less should be achieved on Transwestern property. However, we are prepared to allow some flexibility if unusual circumstances are encountered during the course of the cleanup.

We note that we will be provided with results of samples taken adjacent to the Corona facility. We are reserving judgment on cleanup levels for the adjacent area until we have more information. Please advise us of the owner and use of this property.

We also note that steps have been taken to control access to contaminated areas and minimize the potential for further migration of PCBs. However, we believe that cleanup of the contaminated areas should proceed as soon as possible. Therefore, we request submission of a complete cleanup schedule for all sites within 30 days of receipt of this letter.

Sincerely yours,

W. B. Hathaway

William B. Hathaway
Director
Air, Pesticides and Toxics Division

cc: Mr. Robert Castle
Project Manager
Woodward-Clyde Consultants
100 Pringle Avenue, Suite 300
Walnut Creek, California 94596-3564

1201938

Walnut Creek CA 94596-3564
415-945-3000

Woodward-Clyde Consultants

May 1, 1986
90158B-6006

MAY 2 1986

U.S. Environmental Protection Agency
Region VI
Pesticides and Toxics Branch
InterFirst Two Building, 1201 Elm Street
Dallas, Texas 75270

Subject: Transwestern Pipeline Company - PCB Cleanup

Attention: Mr. Darl Mount

Dear Sirs:

Appended is our plan for the cleanup of PCB contaminated materials at Transwestern Pipeline Company facilities in EPA Region VI. At the present time, the plan is, of necessity, conceptual in nature. The disposal options ultimately selected are dependent on the cleanup levels to be followed and the amount of contaminated material involved. Our primary objective at this time is to agree on cleanup levels for the facilities in Region VI. We are investigating the cost effectiveness of various disposal options which will accomodate materials generated in both EPA Region VI and IX. Some of the information required to accomplish this goal will be generated under a Consent Agreement with EPA Region IX, and will require additional time to incorporate in our planning. Detailed plans and specifications will be provided for your review as soon as they are developed.

In the interim, Transwestern has taken a variety of steps to minimize the potential spread of contamination through changes in operational practices and control of access to areas of known contamination. An additional measure taken at the Corona facility in early April involved the re-engineering of site drainage control, including the construction of sediment basins, to minimize potential offsite migration of surface contaminants.

Offsite sampling was conducted at Corona during the week of April 14, 1986. Analytical results should be available in several weeks, at which time they will be provided to you.

We will contact you regarding your comments on our plan for the cleanup plan within 14 days. Please feel free to call me if you have any questions prior to that time.

Sincerely,

Robert W. Castle

Robert W. Castle
Project Manager

RWC:bv
2535c*

1201039

2535c*-1

April, 1986

PCB Cleanup Plan
Transwestern Pipeline Company
Facilities in EPA Region VI

INTRODUCTION

This cleanup plan specifically addresses cleanup of PCB contaminated liquids, sludges, and soils at Transwestern Pipeline Company facilities within Environmental Protection Agency (EPA) Region VI. It provides for the incineration of PCB-contaminated liquids/sludges held in open surface impoundments. It also addresses treatment of PCB-contaminated soils within certain contamination ranges. Conceptually, the plan assumes that contaminated soil will be excavated and that the resulting material will be either transported to the Corona Station for final treatment or shipped directly to an alternate disposal/treatment site.

Detailed cleanup plans and specifications will be developed upon the completion of these investigations and the identification of a preferred disposal option(s). In the interim period, steps have been taken to minimize the spread of existing contamination, limit employee exposure, and reduce recontamination.

Objective:

It is the intention of the cleanup plan to: 1) remove and dispose of existing contaminated liquids and sludges from surface impoundments; 2) remove and dispose of contaminated surface soils and replace them with clean material; and 3) remove and dispose of contaminated subsurface soils to the degree practical and environmentally acceptable. Activities which have been undertaken to date have included removal and incineration of some of the contaminated fluids, sampling to identify the extent of contamination, isolation or posting of areas of elevated concentrations, and modifications in work practices which could result in contamination.

Approach:

Transwestern facilities under consideration for cleanup in EPA Region VI are shown in figure 1. The following discussion is divided into approaches for liquid/sludge and soil.

Liquids:

PCB contaminated liquids are known to exist within EPA Region VI in the Mountainair impoundment (at the pig receiver) and in above ground storage tanks. Only material in the open impoundments is of concern to this cleanup effort. Liquids contained in the surface tanks are removed and incinerated periodically as part of standard operating practice. Liquids and sludges at Mountainair will be removed by vacuum truck, sampled, and destroyed by incineration according to accepted procedure. After removal, the impoundment will be temporarily closed to prevent its accumulation and contamination of surface runoff, until such time as a final cleanup plan is developed. Temporary closure will be accomplished by filling the impoundment with contaminated soil from the surrounding area, covering it with an impermeable membrane, and controlling drainage around the area.

A summary of impoundments in EPA Region VI which are believed to have received significant amounts of PCB-contaminated material and their current status are shown in Table 1.

Table 1. Impoundments Potentially Contaminated
(EPA Region VI as of April 1985)

Facility	Impoundment	Volume (bbl)
Thoreau	unlined	closed 1976-8
	lined	0
Grants	none	0
Laguna	lined	closed 1985
Rio Grande	none	0
Belen	none	0
Belen Blowdown	none	0
Mountainair	unlined	filled 1984
	lined	159
Corona Pig Receiver	none	0
Corona	unlined	closed 1983
	unlined	closed 1984
	unlined	closed 1984

In addition to the impoundments shown in Table 1, five other impoundments have been identified at two Transwestern Facilities in EPA Region VI. These include two impoundments at Thoreau and three impoundments at Moutainair.

At Thoreau, there is a concrete-lined impoundment which receives engine room washdown fluids, and an unlined surface water runoff collection impoundment. At Mountainair, there is a concrete-lined impoundment which receives engine room washdown fluids, and two unlined surface water runoff collection impoundments. Material collected from the concrete-lined impoundment at Thoreau (located near the bottom of the unlined surface runoff impoundment) has a PCB level of 2.50 mg/kg. At Mountainair, an sediment from one of the unlined impoundments has a PCB level of 20.0 mg/kg, and a sample from the engine room washdown impoundment had 0.29 ppm PCB.

Additional samples will be taken from the bottom sludges of each impoundment where data does not currently exist, or concentrations are very low. This additional data will be used to determine handling and disposal requirements.

Soils:

Localized and irregular soil contamination occurred as a result of impoundment leakage, surface spills, and general operations at the compressor stations and at other smaller pipeline maintenance points. Sampling and analysis conducted in 1985-6 by Woodward-Clyde Consultants indicated the presence of surface soil contamination associated with existing and former impoundments. In general, the contaminated material is very viscous or asphaltic and is not believed to be subject to high migration potential. Since most of the impoundments have been closed, the major mechanisms for future contaminant migration is rainfall, surface runoff, and infiltration. The major potential receptor for contamination so mobilized is local groundwater.

Table 2 presents the average rainfall and known depth to groundwater for representative locations. In all cases the average rainfall is relatively low, and the evapotranspiration rate high, resulting in little driving mechanism for moving contamination downward. With the exception of Laguna and Belen, the depth to groundwater is great, reducing the potential for any mobilized material from reaching groundwater. In the latter areas, no indication of significant soil contamination at depth have been observed in sample results to date.

Table 2. Representative Rainfall and Groundwater Data

Facility	Average Annual Rainfall (inches)	Evapo-trans (inches)	Depth to Groundwater (feet)
Thoreau	12	high	300+
Laguna	15	high	25
Belen	8-12	60+	to 50
Mountainair	13	60	600+-
Corona	15	high	380

Based on soil sampling and analysis, areas of contamination at the major sites (compressor stations) have been identified and divided into zones having 50-500 and >500 mg/kg PCB (as per CFR Title 40, Chapter 1, Subchapter R, Part 761, Subpart D) as shown on figures 2 to 5. In general the 50-500 mg/kg level of contamination appears to be associated with spills and other surface sources. The higher and deeper levels of contamination appear to be associated with existing and former impoundments.

EXCAVATION PLAN

The following general excavation criteria has been developed to specify the volume of material requiring excavation and disposal. The criteria are based on available analytical data, and are subject to revision during actual excavation:

1. Prior to excavation, additional samples will be taken from the fringes of the contaminated zones as necessary to define their lateral boundaries. These samples will be analyzed in the field using a Transwestern mobil gas chromotographic laboratory which will be brought to the site.

2. In areas designated as the 50-500 mg/kg range, the upper 6 inches of soil will be removed. The bottom of the excavation and surrounding buffer zone will then be composite sampled (using EPA PCB Spill Cleanup Verification Procedures - EPA - 560/5-85-026) and analyzed to identify areas having residual concentrations in excess of 50 mg/kg. Additional 6-inch layers will be removed from each remaining area with >50 mg/kg until composite residual concentrations of < 50 mg/kg are achieved or a depth of 2 feet below grade is reached. Excavations will be backfilled with compacted and stabilized clean material, resulting in zero net surface contamination. If concentrations of >500 mg/kg are detected at the 2 foot level, criteria no. 3 will then apply.

3. In areas designated as >500 mg/kg, soil will be removed in multiple foot stages until residual levels of <500 mg/kg as shown by composite sampling are achieved. Available data suggest that this criteria can typically be met with excavation depths of about 5 feet, although the need for a deeper excavation is indicated along the SE facility boundary at the Corona station. Table 3 presents anticipated excavation depths based on existing information and presents PCB concentrations observed in soil samples from various sites remaining at or below anticipated excavation depths.

Table 3. Observed PCB Concentration Below Anticipated Excavation Depths

Site	Anticipated Excavation Depth (feet)	Observed PCB Concentration (mg/kg @ ft)
Thoreau		
Operational Area	0.5 - 1.0	n.s.
Impoundment 1	5.0	48 @ 5.0
Impoundment 2	5.0	2.65 @ 7.0
Grants		
Operational Area	no action	2.19 @ 0.0
Laguna		
Operational Area	0.5 - 1.0	n.s.
Impoundment	5.0+	43.5 @ 9.0
Landfill	0.0	no conc. over 5.0
Belen Crossing	0.5	n.s.
Belen Maintenance	0.5	n.s.
Belen Blowdown	no action	8.3 @ 0.0
Mountainair		
Operational Area	0.5	n.s.
Impoundment 1	no action	no conc. over 50.0
Impoundment 2	5.0 - 10.0	130 @ 15.0
Landfill	no action	no conc. over 1.25
Corona Pig Receiver	no action	only one localized positive reading on McGraw-Edison Test Kit
Corona		
Operational Area	0.5 - 2.0	to 1262.25 @ 1.0
Impoundment B	0.5 - 2.0	33.0 @ 3.0
Impoundment C	3.0 - 4.0	350.5 @ 3
SE Boundary	7.0 - 10.0	1407 @ 7.0

n.s. = no sample

Anticipated excavation depths may be increased or decreased according to field observations. In cases where very low surface concentrations were observed at sites having very low human exposure, no cleanup actions are recommended. In the event that unexpected contamination at depth is encountered and excavation is impractical a re-evaluation of the criteria will be necessary. All deeper excavations will be backfilled with clean material and stabilized. In all cases, samples will be collected from the bottom of each excavation for verification of the final cleanup level and analyzed according to EPA protocol.

In summary, all areas excavated will be backfilled with clean material having no residual PCB contamination. In addition, PCB concentrations greater than 50 mg/kg will be removed to a depth of 2 feet and no PCB concentration exceeding 500 mg/kg will be left at any depth unless its removal is not feasible.

Based on available data, we believe that the above criteria will result in the removal of PCB's at all areas cleaned up in EPA Region VI to levels less than 50 mg/kg, with the exception of two localized areas at the Mountainair and Corona facilities where some material having residual PCB concentrations less than 500 mg/kg will be left in place unless their removal is not feasible. Given the remoteness, low rainfall, and great depth to groundwater at Mountainair and Corona, it does not appear that the presence of small quantities of residual PCB contamination presents a significant environmental risk.

Considering environmental conditions, the low mobility of the contaminants, and that the facilities in question are secured operating units of the Transwestern Pipeline System, we believe that the proposed cleanup plan presents a reasonable and environmentally acceptible remedial approach.

SCHEDULE

The cleanup schedule is tied to the selection of disposal alternatives. Selection of an alternative is dependent on estimation of the total amount of material requiring disposal.

Liquids and sludges in the confirmed contaminated impoundment will be removed for incineration immediately. Samples of bottom sludge will be collected from the remaining active liquid-bearing impoundments and analyzed for PCB content within the next 30 days. Appropriate cleanup actions will be taken pending test results.

Some of the options we are currently reviewing become more cost effective if material generated from cleanup in EPA Region IX is combined with that in EPA Region VI. We currently anticipate initiation of the EPA Region IX sampling program by no later than mid-July, with completion of analysis within 90 days of start. We anticipate identification of the preferred disposal method (or methods) during this period. If land filling is selected, removal operations can theoretically proceed at any time. If onsite treatment is selected, preliminary estimates suggest that at least 6 to 9 months will be required to obtain any necessary permits for temporary operation. To expedite the permitting operation, we are assuming EPA cooperation and are conducting preliminary inquires with the relevant state agencies in regard to permit requirements and permit fast-tracking.

TRANSWESTERN
Pipeline Company
A TEXAS EASTERN COMPANY

August 24, 1984

Mr. Ray Henry Austin, Head
Storage and Processing Facilities Unit
Solid Waste Section
Texas Department of Water Resources
P. O. Box 13087 Capitol Station
Austin, TX 78711

Mr. Austin:

Attached please find an original signed and notarized Affidavit of Exclusion for Transwestern's Keystone Plant in Winkler County, Texas. This is to replace the Affidavit which was mailed on February 29, 1984. Also, this is in response to a telephone call from Mr. Hartmann on July 20, 1984.

If you have any questions or require more information, please let me know.

Sincerely,

Gerald H. Walker
Manager, Operational Compliance

PCS:pn

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

bxc: G. W. Comanich
J. C. Elmore
P. W. Fisher
A. B. Jarnagin
R. J. Kruse
C. R. Shadowens
C. L. Truby
File: R8.1703C

1201949

77252
P.O. BOX 2521 HOUSTON, TEXAS ~~77001~~ (713) 759-3131

AFFIDAVIT OF EXCLUSION FROM HAZARDOUS WASTE PERMITTING REQUIREMENT

Registration No. _____

Application No. _____
(Dept. Use Only)

Facility Name _____

County of _____

F. L. Cohagan being duly sworn, deposes and says:

I am Senior Vice President of Transwestern Pipeline Company
Title (Owner or Principal Officer) Facility Owner
P. O. Box 2521 Houston, TX 77252.
and Address

This affidavit is being executed for the purpose of notifying the Executive Director of the Texas Department of Water Resources that the named facility does not require a hazardous waste permit because:

Check appropriate box(es):

☒ No hazardous waste is stored, processed or disposed on-site

☐ The facility qualifies for the "Accumulation Time" storage exclusion of Texas Administrative Code, Section 335.69

☐ The facility qualifies for the "Small Quantity Generator" exclusion of Texas Administrative Code, Section 335.2(e)

☐ The facility qualifies for the "Elementary Neutralization Unit" exclusion of Texas Administrative Code, Section 335.2(f)

☐ The facility qualifies for the "Wastewater Treatment Unit" exclusion of Texas Administrative Code, Section 335.2(f)

☒ Other (Explain with an attachment and reference TDWR rule)
*See attached letter dated February 8, 1984, to Minor Brooks Hibbs

F. L. Cohagan
Signature
Senior Vice President, Transwestern Pipeline Company

Sworn to before me this 24th day of August, 1984.

Lois S. Kincaid
Notary Public in and for
Harris County, Texas

My commission expires June 14, 1988

LOIS S. KINCAID
Notary Public in Harris County, Texas

1201950

TRANSWESTERN
Pipeline Company
A TEXAS EASTERN COMPANY

February 8, 1984

Mr. Minor Brooks Hibbs, Head
WasteDisposal Control Unit
Solid Waste Section
Texas Department of Water Resources
P. O. Box 13087, Capitol Station
Austin, Texas 78711

Dear Mr. Hibbs:

Transwestern Pipeline Company is requesting that the following facilities and their respective non-hazardous waste be de-listed and removed from TDWR jurisdiction:

	WASTE NO.	DESCRIPTION	CLASS	CODE
1. Halley Plant TDWR #32179	001	Waste water-oil-Blowdown MEA & TEG	INH	107090
	002	Plant refuse, General Misc.	II	279760
	003	Amine Filters	INH	173470
2. Keystone TDWR #32258	001	Misc. Plant Waste	II	270770
	002	Waste water	II	208110
	003	Cooling water Blowdown	INH	100530
	004	Amine Filters	INH	173470
3. Pyote Plant & Station	01	Organics, combustible and water	INH	109750
	02	Oily wastewater	INH	109760
	03	Amine Filters	INH	173470

Based on our prior conversation regarding the jurisdiction of the Railroad Commission rather than the Department, over non-hazardous gas plant wastes and pressure maintenance or repressuring plants wastes, Transwestern will in the near future file appropriate notifications with the Railroad Commission regarding the above wastes. If our understanding that the Department does not have jurisdiction over non-hazardous gas plant waste, etc., is incorrect, please advise us immediately.

1201951

If there are any questions regarding this transmittal please contact Mr. Charles Shadownes at (713) 759-4394.

Thank you,

Gerald H. Walker
Manager, Operational Compliance

CRS:ag

CERTIFIED - RETURN RECEIPT REQUESTED

TRANSWESTERN
Pipeline Company
A TEXAS EASTERN COMPANY

February 8, 1984

Mr. Minor Brooks Hibbs, Head
WasteDisposal Control Unit
Solid Waste Section
Texas Department of Water Resources
P. O. Box 13087, Capitol Station
Austin, Texas 78711

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	002	Plant refuse, General Misc.	II	279760
	003	Amine Filters	INH	173470
2. Keystone TDWR #32258	001	Misc. Plant Waste	II	270770
	002	Waste water	II	208110
	003	Cooling water Blowdown	INH	100530
	004	Amine Filters	INH	173470
3. Pyote Plant & Station	01	Organics, combustible and water	INH	109750
	02	Oily wastewater	INH	109760
	03	Amine Filters	INH	173470

Based on our prior conversation regarding the jurisdiction of the Railroad Commission rather than the Department, over non-hazardous gas plant wastes and pressure maintenance or repressuring plants wastes, Transwestern will in the near future file appropriate notifications with the Railroad Commission regarding the above wastes. If our understanding that the Department does not have jurisdiction over non-hazardous gas plant waste, etc., is incorrect, please advise us immediately.

1201953

If there are any questions regarding this transmittal please contact Mr. Charles Shadownes at (713) 759-4394.

Thank you,

Gerald H. Walker
Manager, Operational Compliance

CRS:ag

CERTIFIED - RETURN RECEIPT REQUESTED

1201954

AFFIDAVIT OF EXCLUSION FROM HAZARDOUS WASTE PERMITTING REQUIREMENT

Registration No. _____

Application No. _____
(Dept. Use Only)

Facility Name _____

County of _____

F. L. Cohagan being duly sworn, deposes and says:

I am Senior Vice President of Transwestern Pipeline Company
Title (Owner or Principal Officer) Facility Owner
P. O. Box 2521 Houston, TX 77252.
and Address

This affidavit is being executed for the purpose of notifying the Executive Director of the Texas Department of Water Resources that the named facility does not require a hazardous waste permit because:

Check appropriate box(es):

☒ No hazardous waste is stored, processed or disposed on-site

☐ The facility qualifies for the "Accumulation Time" storage exclusion of Texas Administrative Code, Section 335.69

☐ The facility qualifies for the "Small Quantity Generator" exclusion of Texas Administrative Code, Section 335.2(e)

☐ The facility qualifies for the "Elementary Neutralization Unit" exclusion of Texas Administrative Code, Section 335.2(f)

☐ The facility qualifies for the "Wastewater Treatment Unit" exclusion of Texas Administrative Code, Section 335.2(f)

☒ Other (Explain with an attachment and reference TDWR rule)
*See attached letter dated February 8, 1984, to Minor Brooks Hibbs

_____
Signature
Senior Vice President, Transwestern Pipeline Company

Sworn to before me this
_____ day of _____, 198__.

_____
Notary Public in and for

_____ County, _____

1201055

My commission expires _____

TRANSWESTERN
Pipeline Company
A TEXAS EASTERN COMPANY

February 8, 1984

Mr. Minor Brooks Hibbs, Head
WasteDisposal Control Unit
Solid Waste Section
Texas Department of Water Resources
P. O. Box 13087, Capitol Station
Austin, Texas 78711

Dear Mr. Hibbs:

Transwestern Pipeline Company is requesting that the following facilities and their respective non-hazardous waste be de-listed and removed from TDWR jurisdiction:

	WASTE NO.	DESCRIPTION	CLASS	CODE
1. Halley Plant TDWR #32179	001	Waste water-oil-Blowdown MEA & TEG	INH	107090
	002	Plant refuse, General Misc.	II	279760
	003	Amine Filters	INH	173470
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	002	Waste water	II	208110
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	02	Oily wastewater	INH	109760
	03	Amine Filters	INH	173470

Based on our prior conversation regarding the jurisdiction of the Railroad Commission rather than the Department, over non-hazardous gas plant wastes and pressure maintenance or repressuring plants wastes, Transwestern will in the near future file appropriate notifications with the Railroad Commission regarding the above wastes. If our understanding that the Department does not have jurisdiction over non-hazardous gas plant waste, etc., is incorrect, please advise us immediately.

1201056

P.O. BOX 2521 HOUSTON, TEXAS 77001 (713) 759-3131

If there are any questions regarding this transmittal please contact Mr. Charles Shadownes at (713) 759-4394.

Thank you,

Gerald H. Walker
Manager, Operational Compliance

CRS:ag

CERTIFIED - RETURN RECEIPT REQUESTED

bcc: F. L. Cohagan
G. W. Comanich
J. C. Elmore
P. W. Fisher
E. S. Hargis
Earl Humble
R. J. Kruse
C. R. Shadowens
C. L. Truby
File: R8.1503C
R8.1703C

Blind Note: We have already made a similar request to the TDWR for Puckett Plant and WT-II's non-hazardous waste. As soon as we hear from the TDWR and data is available, we plan to proceed with RRC notification of all TE and TW non-hazardous waste generated in Texas. Also, we are waiting for some test results on the slurry sweet process at Marquerite-Humphries and our lawyers' decision with regard to PCBs generated at Joaquin before we de-list these two facilities. If the data on the last 2 come in before this letter is approved, we will add them on. Please be advised that INH under Class on the draft stands for Class I non-hazardous waste.

1201057

TRANSWESTERN
Pipeline Company
A TEXAS EASTERN COMPANY

WILLARD T. YOUNG
MANAGER
ENVIRONMENTAL PROTECTION
TECHNICAL SERVICES DIVISION

RECEIVED NOV 19 1982 OPERATIONAL COMPLIANCE

November 17, 1982
OUR REF: 559-82

Mr. Tom Patterson
Louisiana Department of Natural Resources
Hazardous Waste Management Division
P. O. Box 44396
Baton Rouge, Louisiana 70804

Dear Mr. Patterson:

Please find attached a hazardous waste notification form for Transwestern Pipeline Company's Puckett Plant as a hazardous waste generator. This facility has EPA I. D. Number TXD095437216.

We have made arrangements to dispose of the waste generated from this plant in a Louisiana disposal facility and require a Louisiana hazardous waste generator number before we can begin this activity. We would appreciate being contacted by phone to be informed as soon as possible when a number has been assigned. Please contact Anita Cuevas at (713) 759-5318.

Very truly yours,

Willard T. Young

Willard T. Young

ANC/jm
Attachment

bcc: H. D. Church
S. M. Dougherty
J. C. Elmore
R. J. Kruse w/attachments
J. R. Stoker
G. H. Walker w/attachments

7-ile
R8 1703 C

C 12-8-82 CRS
1201558
Puckett file
6 Dec 82

P.O. BOX 2521 HOUSTON, TEXAS 77252 (713) 759-3131

STATE OF LOUISIANA

DEPARTMENT OF NATURAL RESOURCES

Hazardous Waste Notification Form

FOR DEPARTMENT USE
Notification Number
Date Received:
Date Checked:
Checked by:

Organizational Information

1. Name of Organization: Transwestern Pipeline Company - Puckett Plant
2. Mailing Address: P. O. Box 2521 Houston, Texas Zip: 77252
3. Location: 2101 West Dickinson Blvd. Fort Stockton, Texas 79735
4. Contact: Mr. Willard T. Young Telephone: (713) 759-5355
5. Description of Operation:
   - Generator with no on-site disposal ☐
   - Generator with on-site disposal ☒
   - Transporter ☐
   - Disposer: Treat ☐ Store ☐ Dispose ☐

Wastes Information

6. Description and Estimated Quantities of Waste Handled:

GENERATORS: fill in form on reverse for each waste stream

TRANSPORTERS:
- tons of oilfield brines and drilling mud hauled annually _____
- tons of wastes from petrochemical works hauled annually _____
- tons of other wastes hauled annually _____

DISPOSERS: tons disposed annually by:
- thermal treatment _____
- chemical treatment _____
- physical treatment _____
- biological treatment _____
- injection into deep well _____
- burial _____
- landfarms _____
- other _____

Certification

I have personally examined and am familiar with the information submitted in this document, and I hereby certify under penalty of law that this information is true, accurate, and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

7. Signature: _____ Transwestern Pipeline Company
   Name of Company

by: _____ _____
Name and Title Date Signed
Mr. Willard T. Young
Manager, Environmental Protection

DNR Form #HW-1

1201[illegible]

THIS FORM FOR GENERATORS ONLY

A. Waste Number	B. Hazardous Waste Name	C. Confidential
	Arsenic contaminated sulfur cake	Yes ☐ No ☒

D. Hazard Class				E Amount (tons)
Waste Category	EPA Designation	Physical State	Degree of Care	
III	40	9	2	20

A. Waste Number	B. Hazardous Waste Name	C. Confidential
		Yes ☐ No ☐

D. Hazard Class				E Amount (tons)
Waste Category	EPA Designation	Physical State	Degree of Care	

A. Waste Number	B. Hazardous Waste Name	C. Confidential
		Yes ☐ No ☐

D. Hazard Class				E Amount (tons)
Waste Category	EPA Designation	Physical State	Degree of Care	

A. Waste Number	B. Hazardous Waste Name	C. Confidential
		Yes ☐ No ☐

D. Hazard Class				E Amount (tons)
Waste Category	EPA Designation	Physical State	Degree of Care	

A. Waste Number	B. Hazardous Waste Name	C. Confidential
		Yes ☐ No ☐

D. Hazard Class				E Amount (tons)
Waste Category	EPA Designation	Physical State	Degree of Care	

A. Waste Number	B. Hazardous Waste Name	C. Confidential
		Yes ☐ No ☐

D. Hazard Class				E Amount (tons)
Waste Category	EPA Designation	Physical State	Degree of Care	

A. Waste Number	B. Hazardous Waste Name	C. Confidential
		Yes ☐ No ☐

D. Hazard Class				E Amount (tons)
Waste Category	EPA Designation	Physical State	Degree of Care	

A. Waste Number	B. Hazardous Waste Name	C. Confidential
		Yes ☐ No ☐

D. Hazard Class				E Amount (tons)
Waste Category	EPA Designation	Physical State	Degree of Care	

1201960

State of Louisiana

FRANK P. SIMONEAUX
SECRETARY
B. JIM PORTER
ASSISTANT SECRETARY

DEPARTMENT OF NATURAL RESOURCES
OFFICE OF ENVIRONMENTAL AFFAIRS

HAZARDOUS WASTE MANAGEMENT DIVISION

GERALD D. HEALY, JR.
ADMINISTRATOR

AUG 17 1982

Dear Applicant:

Re: Generator Notification

We are in receipt of the Hazardous Waste Management Notification Form as submitted to this Department by your firm. On the basis of the information provided, we have determined that your firm's facility is a "generator" as defined by Act 449 of the 1979 Legislature and the Hazardous Waste Management Program Rules and Regulations.

No permit is required of the facility. However, the requirements contained in Section 5.4 et seq. of the rules and regulations are applicable. Also, storage requirements as mentioned in Section 4.2.1 E. 2 b) will be in effect as of the assignment of your number.

We are enclosing a copy of a portion of the notification form you previously submitted denoting this Department's assignment of your hazardous waste identification number and assignment of waste numbers to each of the wastes that you reported. The waste numbers are to be used as a part of the manifest system for those wastes that are transported and disposed of off-site.

Also, please be advised of Section 5.5, Surveillance and Monitoring Procedure, which will be this Department's method of determining if there is a presence of hazardous waste not heretofore identified in your firm's representations.

Should you have any questions, please do not hesitate to contact this office.

Sincerely,

TOM PATTERSON
Permit Section
Hazardous Waste Management Division

TP:cg

Enclosure

1201061

RECEIVED

JUL 19 1982

Department of Natural Resources
Hazardous Waste Management

STATE OF LOUISIANA

DEPARTMENT OF NATURAL RESOURCES

Hazardous Waste Notification Form

FOR DEPARTMENT USE
Notification Number G-9603
Date Received: 7-19-82
Date Checked: 7-21-82
Checked by: JD

Organizational Information

1. Name of Organization: TRANSWESTERN PIPELINE COMPANY - WT-II STATION
2. Mailing Address: P.O. BOX 2521 HOUSTON, TEXAS Zip: 77252
3. Location: P.O. BOX 1059 KERMIT, TEXAS 79745
4. Contact: MR. WILLARD T. YOUNG Telephone:
5. Description of Operation:
   - Generator with no on-site disposal ☒
   - Generator with on-site disposal ☐
   - Transporter ☐
   - Disposer: Treat ☐ Store ☐ Dispose ☐

Wastes Information

6. Description and Estimated Quantities of Waste Handled:

GENERATORS: fill in form on reverse for each waste stream

TRANSPORTERS:
- tons of oilfield brines and drilling mud hauled annually _____
- tons of wastes from petrochemical works hauled annually _____
- tons of other wastes hauled annually _____

DISPOSERS: tons disposed annually by:
- thermal treatment _____
- chemical treatment _____
- physical treatment _____
- biological treatment _____
- injection into deep well _____
- burial _____
- landfarms _____
- other _____

Certification

I have personally examined and am familiar with the information submitted in this document, and I hereby certify under penalty of law that this information is true, accurate, and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

7. Signature: TRANSWESTERN PIPELINE COMPANY
   Name of Company

   by: Willard Young
   Name and Title
   WILLARD T. YOUNG, MANAGER, ENVIRONMENTAL PROTECTION

   7/14/82
   Date Signed

DNR Form #HW-1

1201062

TRANSWESTERN
Pipeline Company

A TEXAS EASTERN COMPANY

January 21, 1982

Mr. Jay Snow
Texas Department of Water Resources
Solid Waste Section
P. O. Box 13087, Capitol Station
Austin, TX 78711

Dear Mr. Snow:

In accordance with Rule 156.22.01.106(c) of the Texas Industrial Solid Waste Regulations, please find attached a revised Texas Department of Water Resources Industrial Solid Waste Management Inventory form for Transwestern Pipeline Company's Pyote Plant and Station (TDWR Registration Number 32180). The revision involves the change in the classification of the waste amine filters (Waste Number 173470) from hazardous to nonhazardous to concur with the declaration made to your office on October 6, 1981 (a copy of which is attached).

The subject filters are disposed of at Transwestern's Keystone Plant (Registration Number 32258) which is located within the fifty-mile limit definition for on-site disposal. Please note that only this waste is identified on the form.

If there are any questions, please contact Anita Cuevas at 713/759-5318.

Very truly yours,

Willard T. Young
Manager, Environmental Protection

ANC/jc
Attachments

bcc: S. M. Dougherty - w/attachments
Dr. D. H. France
W. G. Marks
G. O. Moe
G. H. Walker - w/attachments

120~~4~~363 82CRS
A RA.0502D/TW
25Jan82

PART I : GENERAL INFORMATION

A. Does your firm generate Industrial Solid Waste(s) as defined in [redacted] TDWR Rules [redacted]

☒ Yes ☐ No

B. Company Name TRANSWESTERN PIPELINE COMPANY - PYOTE PLANT AND STATION

Plant - P.O. Box: P. O. Box 320 (P.O. Box) | Pyote (City) | TX (State) | 79777 (Zip)

Plant - Street Address: From Pyote: S on Hwy 1927 for 7 miles, then E 2 miles to site (Address) | (City) | TX (State) | 79777 (Zip)

Headquarters (if other than above):

P. O. Box 2521, 1221 McKinney (P.O. Box/Street) | Houston (City) | TX (State) | 77001 (Zip)

C. Give the location of any disposal site(s) controlled by your firm other than plant or manufacturing site listed in Section B above:

	Location	City	County	State	Zip
1.	Puckett Plant	Fort Stockton	Pecos	TX	79735
2.	Keystone Plant	Kermit	Winkler	TX	79745
3.					

D. Number of persons employed: 30

E. Person to be contacted regarding solid waste management:

Willard T. Young, Manager, Environmental Protection (Name, Title) Phone: 713/759-5355 (Area Code, Telephone Number)

F. Give numbers of any TDWR permits, orders, etc. held, or applied for, by your firm (specify type): TDWR Registration Numbers: WT-II - 32154, Halley Plant - 32179, Marguerite Humphries - 32144, Joaquin Station 32257, Keystone Plant - 32258 - Number not received for Puckett Plant

G. Nature of business and/or description of products manufactured: Natural gas treatment plant and pipeline compressor station

H. I certify the information herein is complete and accurate to the best of my knowledge:

Willard T. Young (Signature)

Willard T. Young, Manager, Environmental Protection

1/20/82 (Date)

1201564

PYOTE PLANT

PART II : WASTE INVENTORY

WASTE DESCRIPTION

A. WASTE NO. 3 OF 3

B. SIC CODE (if known) 4922

C. FORM: (check one)
- [X] Solid
- [ ] Liquid
- [ ] Gas
- [ ] Sludge/Slurry _____ % solid

D. Quantity generated per month:
90 (estimated)
- [ ] gallons
- [X] pounds
- [ ] cubic yards

E. Predominately: [ ] organic [X] inorganic

F. CHARACTERISTICS: Toxicity NA (LD_{50}, LC_{50}, LDL_0) pH NA
Solubility NA (g/100g H_2O) Corrosion NA (mm/yr)
Flash Point NA °C Reactive Waste? [ ] Yes [X] No

G. DESCRIPTION (major components): amine filters

H. IS THIS A HAZARDOUS WASTE AS DEFINED BY THE U.S. EPA? [ ] YES [X] NO

DISPOSITION

I. NUMBER OF OFF-SITE WASTE SHIPMENTS ~~PER MONTH~~: quarterly

J. [ ] ON-SITE WASTE MANAGEMENT – N/A
FACILITY USE: [ ] Storage [ ] Treatment [ ] Recovery [ ] Disposal

K. FACILITY DESCRIPTION: (indicate Type, Size, Capacity)
Sent to Keystone Plant for disposal-
within 50 miles limit

WASTE DESCRIPTION

A. WASTE NO. _____ OF _____

B. SIC CODE (if known) _____

C. FORM: (check one)
- [ ] Solid
- [ ] Liquid
- [ ] Gas
- [ ] Sludge/Slurry _____ % solid

D. Quantity generated per month:
_____ (estimated)
- [ ] gallons
- [ ] pounds
- [ ] cubic yards

E. Predominately: [ ] organic [ ] inorganic

F. CHARACTERISTICS: Toxicity _____ (LD_{50}, LC_{50}, LDL_0) pH _____
Solubility _____ (g/100g H_2O) Corrosion _____ (mm/yr)
Flash Point _____ °C Reactive Waste? [ ] Yes [ ] No

G. DESCRIPTION (major components): _____

H. IS THIS A HAZARDOUS WASTE AS DEFINED BY THE U.S. EPA? [ ] YES [ ] NO

DISPOSITION

I. NUMBER OF OFF-SITE WASTE SHIPMENTS PER MONTH: _____

J. [ ] ON-SITE WASTE MANAGEMENT –
FACILITY USE: [ ] Storage [ ] Treatment [ ] Recovery [ ] Disposal

K. FACILITY DESCRIPTION: (indicate Type, Size, Capacity)

WASTE DESCRIPTION

A. WASTE NO. _____ OF _____

B. SIC CODE (if known) _____

C. FORM: (check one)
- [ ] Solid
- [ ] Liquid
- [ ] Gas
- [ ] Sludge/Slurry _____ % solid

D. Quantity generated per month:
_____ (estimated)
- [ ] gallons
- [ ] pounds
- [ ] cubic yards

E. Predominately: [ ] organic [ ] inorganic

F. CHARACTERISTICS: Toxicity _____ (LD_{50}, LC_{50}, LDL_0) pH _____
Solubility _____ (g/100g H_2O) Corrosion _____ (mm/yr)
Flash Point _____ °C Reactive Waste? [ ] Yes [ ] No

G. DESCRIPTION (major components): _____

H. IS THIS A HAZARDOUS WASTE AS DEFINED BY THE U.S. EPA? [ ] YES [ ] NO

DISPOSITION

I. NUMBER OF OFF-SITE WASTE SHIPMENTS PER MONTH: _____

J. [ ] ON-SITE WASTE MANAGEMENT –
FACILITY USE: [ ] Storage [ ] Treatment [ ] Recovery [ ] Disposal

K. FACILITY DESCRIPTION: (indicate Type, Size, Capacity)

1201365

TEXAS EASTERN
Transmission Corporation

WILLARD T. YOUNG
MANAGER
ENVIRONMENTAL CONTROL
ENGINEERING SERVICES DIVISION

November 9, 1981
OUR REF: 614-81

Mr. Jay Snow
Texas Department of Water Resources
Solid Waste Section
P. O. Box 13087, Capitol Station
Austin, TX 78711

Dear Mr. Snow:

Please find attached an Industrial Solid Waste Management Inventory form for Transwestern Pipeline Company's Keystone Plant. If there are any questions concerning this submittal, please contact Anita Cuevas at 713/759-5318 or Denise Deschenes at 713/759-5376.

Very truly yours,

Willard T. Young
Manager, Environmental Protection

ANC/jc
Attachments

bcc: S. M. Dougherty - w/attachments
Dr. D. H. France
W. G. Marks
G. O. Moe
G. H. Walker - w/attachments

1201066

QAS
Q-NOV-17-81
A-RK.0502D T/w
12 Nov 81

TEXAS DEPARTMENT OF WATER RESOURCES

INDUSTRIAL SOLID WASTE MANAGEMENT INVENTORY

RETURN TO :
TEXAS DEPARTMENT OF WATER RESOURCES
SOLID WASTE SECTION
P.O. BOX 13087, CAPITOL STATION
AUSTIN, TEXAS 78711

PLEASE RETURN WITHIN 30 DAYS

INSTRUCTIONS

PART I: PART I is to be completed by everyone and begins on Page 2. An explanation for each item follows:

A. If your firm generates industrial solid waste as defined by [redacted] TDWR rules, check the box marked "yes" and complete both PART I and PART II of the Inventory. If your firm generates no waste, check "no" and complete only PART I.

B. Give the name, the Texas mailing address (P.O. Box, City, State, Zip Code) and the physical location address (Street, City, State, Zip Code) of your company. Also give the mailing address of your firm's administrative or operational headquarters, if different.

C. Give the address, city, county and zip code of any waste disposal site owned and/or controlled by your company which is not the same as, but is within 50 miles of your plant.

D. Give the total number of persons employed at your plant.

E. Give the name, title, area code and telephone number of the person TDWR should contact in regard to your company's solid waste disposal activities.

F. Give the numbers of any permits previously issued to your company by TDWR or by the former TWQB (Industrial Wastewater Discharge or No Discharge Permits; Injection Well Permits, etc.)

G. Describe the goods produced or services provided by your company at the plant site.

H. Sign and date the Inventory certifying that the information you have supplied is both accurate and complete.

PART II: PART II begins on page 3 and continues through page 4. If your company is an industrial solid waste generator, you should complete items A-K for each waste you produce. Space is provided for listing six (6) wastes. If you should need more space, you may duplicate the blank form and/or attach any additional information as needed. An explanation for each item follows:

A. In the first blank, give the sequence number of the waste; in the second blank, give the total number of wastes to be listed. For example: if you generate 2 wastes, the first waste listed will be waste no. 1 of 2; the second waste listed will be waste no. 2 of 2, etc.

B. If it is available to you, give the S.I.C. Code for each manufacturing process as given by the *Standard Industrial Classification Manual.*

C. Check the box indicating the form of the waste. If the waste is a sludge (part liquid, part solid), give the percentage of solids contained in the sludge.

D. Give an estimate of the average amount of each waste produced each month and check one box to indicate the unit of measurement employed.

E. Check one box to indicate whether the waste is primarily organic or inorganic.

F. Enter data requested indicating characteristics of waste material and indicate type of unit or measurement used, if applicable. Indicate if waste is reactive by checking YES or NO.

G. Give a description of the waste material, detailing all major components.

H. Indicate if the waste is "hazardous", as defined by the U.S. Environmental Protection Agency, by checking YES or NO.

1201567

I. Indicate the number of times per month the waste is shipped off-site.

J. If the waste is stored, treated or disposed on-site, or if the waste is recovered for use or sale, check the on-site box and any other boxes indicating whether it is stored, treated, recovered or disposed. Note: "On-site" means within the property boundaries of a tract of land owned or effectively controlled by the waste generator or within 50 miles of the facility where the waste is produced. A disposal operation shall not be considered "on-site" if the waste is collected, handled, stored or disposed with wastes from generating points under different ownership.

K. Describe (in detail) every facility involved in the on-site management of the waste named in letter G. above, giving facility types, sizes and capacities.

PART I : GENERAL INFORMATION

A. Does your firm generate Industrial Solid Waste(s) as defined in [redacted] TDWR Rules [redacted]
☒ Yes ☐ No

B. Company Name TRANSWESTERN PIPELINE COMPANY - Keystone Plant

Plant - P.O. Box P. O. Box 1059 (P.O. Box) Kermit (City) TX (State) 79745 (Zip)

Plant - Street Address From Kermit: N 3.5 miles on Hwy 18, E for 4.5 miles on FM 874, N 1.2 miles on FM 1218, then W into site (Address) Kermit (City) TX (State) 79745 (Zip)

Headquarters (if other than above): P. O. Box 2521, 1221 McKinney (P.O. Box/Street) Houston (City) TX (State) 77001 (Zip)

C. Give the location of any disposal site(s) controlled by your firm other than plant or manufacturing site listed in Section B above:

	Location	City	County	State	Zip
1.	Puckett Plant	Fort Stockton	Pecos	TX	79735
2.					
3.					

D. Number of persons employed: 12

E. Person to be contacted regarding solid waste management:

Willard T. Young, Manager, Environmental Protection (Name / Title) Phone: 713-759-5355 (Area Code / Telephone Number)

F. Give numbers of any TDWR permits, orders, etc. held, or applied for, by your firm (specify type):

TDWR Registration Number 32144 for Marguerite Humpheries Gas Treatment Plant, Hemphill Co., TX. Application submitted for C.1. - no number received yet.

G. Nature of business and/or description of products manufactured: Natural gas treatment plant

H. I certify the information herein is complete and accurate to the best of my knowledge:

Willard T. Young (Signature) 11/12/81 (Date) 1201368

Willard T. Young, Manager, Environmental Protection

KEYSTONE PLANT

PART II : WASTE INVENTORY

WASTE DESCRIPTION

A. WASTE NO. 1 OF 3 — B. SIC CODE (if known) 4922

C. FORM: (check one)
- ☒ Solid
- ☐ Liquid
- ☐ Gas
- ☐ Sludge/Slurry _____ % solid

D. Quantity generated per month: 7000 (estimated)
- ☐ gallons ☒ pounds ☐ cubic yards

E. Predominately: ☐ organic ☒ inorganic

F. CHARACTERISTICS: Toxicity NA (LD_{50}, LC_{50}, LDL_0) pH NA
Solubility NA (g/100g H_2O) Corrosion NA (mm/yr)
Flash Point NA °C Reactive Waste? ☐ Yes ☒ No

G. DESCRIPTION (major components): paper and wood scraps, oil filters, and amine filters

H. IS THIS A HAZARDOUS WASTE AS DEFINED BY THE U.S. EPA? ☐ YES ☒ NO

DISPOSITION

I. NUMBER OF OFF-SITE WASTE SHIPMENTS PER MONTH: None

J. ☒ ON-SITE WASTE MANAGEMENT – FACILITY USE: ☐ Storage ☒ Treatment ☐ Recovery ☐ Disposal

K. FACILITY DESCRIPTION: (indicate Type, Size, Capacity)
Proposed incinerator - Consumat Model C-125
Wastes presently disposed of in a landfill with 350 cubic yard capacity
Ash generated by the incinerator will be disposed of in the existing landfill.

A. WASTE NO. 2 OF 3 — B. SIC CODE (if known) 4922

C. FORM: (check one)
- ☐ Solid
- ☒ Liquid
- ☐ Gas
- ☐ Sludge/Slurry _____ % solid

D. Quantity generated per month: 1800 (estimated)
- ☒ gallons ☐ pounds ☐ cubic yards

E. Predominately: ☐ organic ☒ inorganic

F. CHARACTERISTICS: Toxicity NA (LD_{50}, LC_{50}, LDL_0) pH 6.8
Solubility NA (g/100g H_2O) Corrosion NA (mm/yr)
Flash Point 100 °C Reactive Waste? ☐ Yes ☒ No

G. DESCRIPTION (major components): engine room wash water

H. IS THIS A HAZARDOUS WASTE AS DEFINED BY THE U.S. EPA? ☐ YES ☒ NO

I. NUMBER OF OFF-SITE WASTE SHIPMENTS ~~PER MONTH~~ biannually

J. ☒ ON-SITE WASTE MANAGEMENT – FACILITY USE: ☒ Storage ☐ Treatment ☐ Recovery ☐ Disposal

K. FACILITY DESCRIPTION: (indicate Type, Size, Capacity)
West concrete lined pond
77'w x 220'l x 4'd

A. WASTE NO. 3 OF 3 — B. SIC CODE (if known) 4922

C. FORM: (check one)
- ☐ Solid
- ☒ Liquid
- ☐ Gas
- ☐ Sludge/Slurry _____ % solid

D. Quantity generated per month: 1800 (estimated)
- ☒ gallons ☐ pounds ☐ cubic yards

E. Predominately: ☐ organic ☒ inorganic

F. CHARACTERISTICS: Toxicity NA (LD_{50}, LC_{50}, LDL_0) pH 7.4
Solubility NA (g/100g H_2O) Corrosion NA (mm/yr)
Flash Point 100 °C Reactive Waste? ☐ Yes ☒ No

G. DESCRIPTION (major components): cooling tower water, boiler blowdown

IS THIS A HAZARDOUS WASTE AS DEFINED BY THE U.S. EPA? ☐ YES ☒ NO

I. NUMBER OF OFF-SITE WASTE SHIPMENTS ~~PER MONTH~~ biannually

J. ☒ ON-SITE WASTE MANAGEMENT – FACILITY USE: ☒ Storage ☐ Treatment ☐ Recovery ☐ Disposal

K. FACILITY DESCRIPTION: (indicate Type, Size, Capacity)
East concrete lined pond
143'w x 220'l x 4'd

1201369

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION IX
215 Fremont Street
San Francisco, Ca. 94105

22 OCT 1981

F.L. Cohagen
Vice President-Operations
P.O. Box 2521
Houston, TX 77001

TSC 15-(18)26

Dear Mr. Cohagen:

A PCB investigation was made at Winslow Compressor Station #3 on April 3, 1981. During the course of this investigation, information was gathered by EPA in accordance with Section 11 of the Toxic Substances Control Act. A copy of the investigation report is enclosed for your information.

The deficiencies or violations that may be noted in the report are not necessarily inclusive and any omission of other deficiencies or violations shall not be binding upon the Agency.

Comments may be provided by you concerning any aspect of the report. In your response please refer to report number TSC 15-(18)26.

EPA routinely provides copies of investigation reports to State agencies. Such releases will be handled according to the rules governing business confidentiality claims contained in the Code of Federal Regulations (40 CFR, Part 2).

If you have questions concerning this report, please contact Robert Mandel, Chief, Hazardous Materials Section at (415) 556-8752.

Sincerely yours,

R. Michael Stenburg, Chief
Air and Hazardous Materials Branch
Surveillance and Analysis Division

Enclosures

cc: Larry Langston

1201970

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

TSC 15-(18)26

DATE: 13 OCT 1981

SUBJECT: TSCA/PCB Facility Investigation: Transwestern Pipeline Company, Winslow Compressor Station #3

FROM: Steve Simanonok, Environmental Protection Specialist
Steve Simanonok
Sandy Avol, Environmental Protection Specialist
AKA for Sandy Avol

TO: Bob Mandel, Chief
Hazardous Materials Section

On April 3, 1981, we arrived at the subject facility. We presented our credentials and issued a Notice of Inspection and TSCA Confidentiality Notice to Lowell Stump, District Supervisor. Also present was Wayne Gallatin, District Superintendent. We discussed the contamination of natural gas lines and EPA's role in the sampling of compressor stations.

Mr. Stump mentioned that several years ago Transwestern used a synthetic oil manufactured by Monsanto. He stated that Monsanto claimed the synthetic oil was a good lubricant and wouldn't burn. He added that this oil has since been removed from the compressors.

We discussed our plan to sample lubricant from the compressors and the scrubber collection tank. Mr. Stump said that he had been told we were only going to sample compressor oil. At 10:40 a.m. he telephoned Larry Langston, Division Manager, in Roswell, New Mexico and asked Steve Simanonok to speak with him.

Mr. Langston stated that he understood EPA would only be sampling compressor oil. Steve said that EPA was routinely sampling scrubbers to determine the content of upstream compressor oil. Mr. Langston suggested that we call Mr. John Seitz in EPA Headquarters to coordinate our activities. Steve replied that we worked for the EPA Regional Office in San Francisco and understood that the TSCA gave us the authority to sample. Steve asked him whether he would allow us to take samples from the scrubber. At 10:57 a.m. Mr. Langston refused to allow us to take scrubber samples. However, he told Steve to wait in the office for a return call from Cliff Jacey Williams, Pipeline Superintendent for Transwestern and Texas Eastern. A few minutes later, Mr. Williams called and stated that we would be allowed to take scrubber samples.

1201071

When questioned about the disposal of scrubber oil Mr. Stump stated that it was collected in a tank and transported to a tank facility in Flagstaff, located at the District 1 office at Station #2 (near Navajo Ordinance-Belmont Station). Approximately 1100-1200 gallons of this oil is accumulated at Winslow #3 every 4 months. He thought the oil was sold to Kaibab Industries and was used for boosting diesel fuel.

Upon completion of the office interview, Lowell Stump escorted the investigators through the compressor station. Samples #TX-4-SLA and #TX-5-SLA were obtained from the compressor/ seal oil of units 303 and 301, respectively. Mr. Stump purged the line of approximately one gallon of oil prior to sampling.

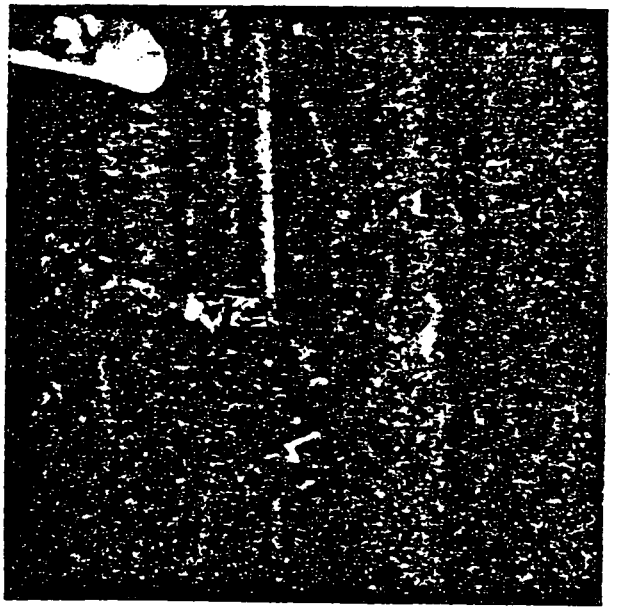
The investigators then proceeded to the east side of the property. Sample #TX-6-SLA was obtained from a waste oil pit. Mr. Stump explained that this pit contained material entering drains from the engine (compressor) room.

Sample #TX-7-SLA was obtained from the scrubber collection tank and should represent the content of upstream compressor oil.

All samples remained in the inspectors custody until reaching a workshop. At that time, each sample was split with the company and custody seals were affixed. A receipt for samples was issued.

WINSLOW #3 STATION

4/3/81 Lowell Stump purging compress. #381
AHL

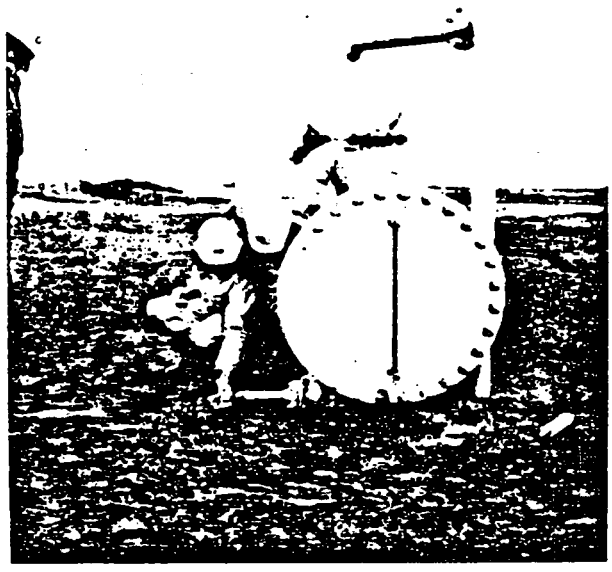


4/3/81 SLA TAKING SAMPLE # TK-4-SLA
AHL

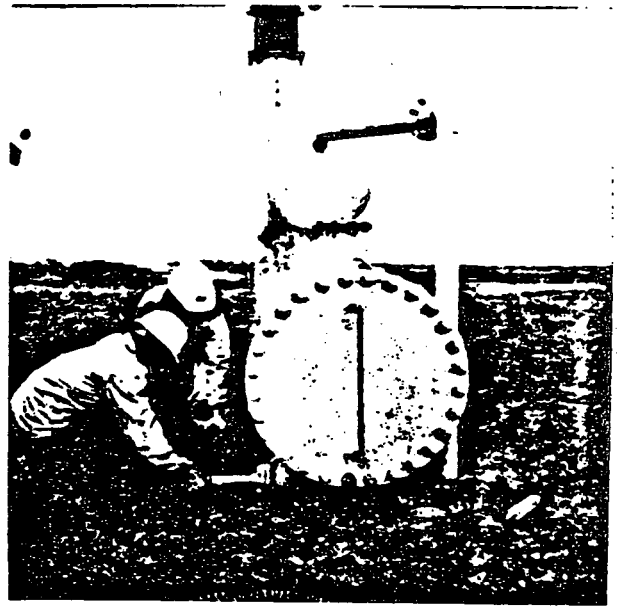
4/3/81 SLA Taking Sample # TK-5-SLA
AHL

1201973

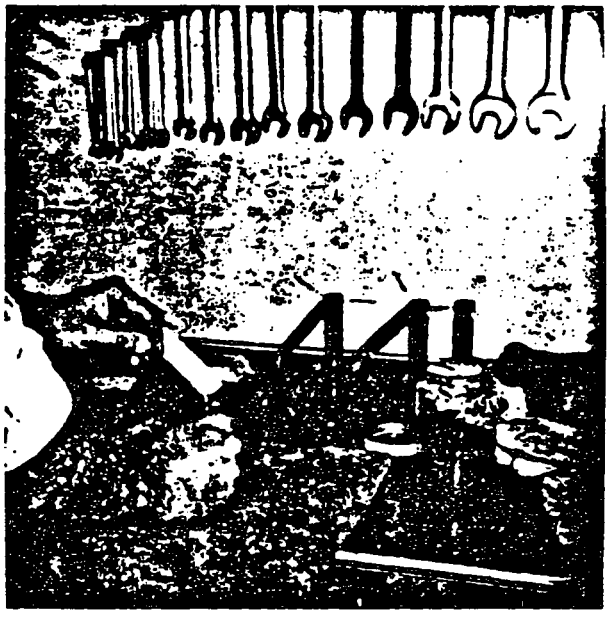
WINSLOW #3 STATION



SHS 4/3/81 S.L.A taking sample from scrubber coll. tank



SHS 4/3/81 S.L.A. taking sample TX-9-SLA from scrubber coll tank



4/3/81 ADWell Stump taking split sample of AAL TX-4-SLA

1201074

WINSLOW #3 STATION

↑ SLA TAKING SAMPLE
TX-6-SLA

SHS 4/3/81 S.L.A. Taking Sample from waste Oil Pond

SHS 4/3/81 waste oil pit on east side of Winslow #3 Sta.

1201975

United States Environmental Protection Agency

TSCA Inspection Confidentiality Notice

Inspector Name [illegible]	Facility Transwestern Pipeline Co.
Inspector Address EPA Region IX 215 Fremont Street San Francisco, CA 94105	Facility Address Winslow #3 P.O. Box 370 Flagstaff, AZ 86001
Title FIELD INVESTIGATOR	Chief Executive Officer of Firm Title Address
Name of Individual to whom Notice Given Lowell Stump	Title

It is possible that EPA will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the Toxic Substances Control Act, Section 14. EPA is required to make inspection data available in response to FOIA requests unless the Administrator of the Agency determines that the data contains information entitled to confidential treatment.

Any or all the information collected by EPA during the inspection may be claimed confidential if it relates to trade secrets or commercial or financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by means of the procedures, set forth in the regulations (cited above) governing EPA's treatment of confidential information. Among other things, the regulations require that EPA notify you in advance of publicly disclosing any information you have claimed and certified confidential.

To Claim Confidential Information

To claim information confidential, you must certify that each claimed item meets all of the following criteria:

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtainable without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

At the completion of the inspection, you will be given a receipt for all documents, samples, and other materials collected. At that time, you may make claims that some or all of the information is confidential and meets the four criteria listed above.

If you are not authorized by your company to make confidentiality claims, this notice will be sent by certified mail, along with the receipt for documents, samples, and other materials to the Chief Executive Officer of your firm within two days of this date. The Chief Executive Officer must return a statement specifying any information which should receive confidential treatment.

The statement from the Chief Executive Officer should be addressed to: Kathy Narcisse, TSCA Document Control Officer, US EPA Region IX, Hazardous Materials Section (A32), 215 Fremont Street, San Francisco, CA 94105 and mailed by registered, return-receipt-requested mail within seven (7) calendar days of receipt of this Notice.

Failure by your firm to submit a written request that information be treated as confidential, either at the completion of the inspection or by the Chief Executive Officer within the seven-day period, will be treated by EPA as a waiver by your company of any claims for confidentiality regarding the inspection data.

To be completed by facility official receiving this notice	If there is no one on the premises of the facility who is authorized to make business confidentiality claims for the firm, a copy of this Notice and other inspection materials will be sent to the company's chief executive officer. If there is another company official who should also receive this information, please designate below.
I have received and read this Notice.	
Name LOWELL STUMP	Name LARRY LANGSTON
Title DIST T SUPT	Title DIV I MGR
Signature Lowell Stump	Address PO BOX 2018 ROSWELL, NEW MEXICO 88201
Date 4-3-81	

EPA-IX-Form 850

1201376

EPA United States Environmental Protection Agency

NOTICE OF INSPECTION

Name of Firm: Transwestern Pipeline	
Firm Address: ~~Lovell Stump~~ Winslow #3, Transwestern Pipeline, P.O. Box 370, Flagstaff AZ 86001	
Inspector Name and Address: EPA Region IX, 215 Fremont Street, San Francisco, CA 94105	Date: 4/3/81 Time: P.M.
Inspector's Signature: [signature]	Name and Title of Recipient: Lowell Stump, district Superin
Title: Field Investigator	Signature of Recipient: Lowell Stump

REASON FOR INSPECTION

Under the authority of Section 11 of the Toxic Substances Control Act

☑ For the purpose of inspecting (including taking samples, photographs, statements, and other inspection activities) an establishment, facility, or other premises in which chemical substances or mixtures or articles containing same are manufactured, processed or stored, or held before or after their distribution in commerce (including records, files, papers, processes, controls, and facilities) and any conveyance being used to transport chemical substances, mixtures, or articles containing same in connection with their distribution in commerce (including records, files, papers, processes, controls and facilities) bearing on whether the requirements of the Act applicable to the chemical substances, mixtures, or articles within or associated with such premises or conveyance have been compiled with.

☐ In addition, this inspection extends to (circle appropriate letters):

(A) Financial data
(B) Sales data
(C) Pricing data
(D) Personnel data
(E) Reserach data

The nature and extent of inspection of such data specified in A through E above as follows:

1201977

EPA-IX-Form 851

EPA United States Environmental Protection Agency

RECEIPT FOR SAMPLES AND DOCUMENTS

Inspector Name: Sandy Hill

Inspector Address:
EPA Region IX
215 Fremont Street
San Francisco, CA 94105

Name of Firm: Transwestern Pipeline Co

Firm Address: Winslow #3
P.O. Box 370
Flagstaff AZ 86001

Name of Individual: Lowell Stump

Title: Dist Supv

Date Collected	Duplicate Samples Requested and Received	Sample Numbers
4/3/91	X Yes ( ) No	TX-4-SLA, TX-5-SLA, TX-6-SLA, TX-7-SLA

The documents and samples of chemical substances and/or mixtures described below were collected in connection with the administration and enforcement of the Toxic Substances Control Act.

Receipt for the document(s) and/or sample(s) described is hereby acknowedged:

TX-4-SLA	compressor seal oil from Unit #303
TX-5-SLA	compressor seal oil from Unit #301
TX-6-SLA	waste oil from pit on east side of station (adjacent to property line)
TX-7-SLA	waste oil from scrubber collection tank

Signature of Inspector: Sandy Hill

Title: Field Investigator

Signature of Owner, Operator, or Agent: Lowell Stump

Title: Dist I Supv

EPA-IX-Form 852

1201078

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION IX
215 Fremont Street
San Francisco, Ca. 94105

IN REPLY E-3-2
REFER TO: PCB Gas Pipeline

AUG 20 1981

F.L. Cohagan
Vice President - Operations
Texas Eastern Transmission Corp.
P.O. Box 2521
Houston, TX 77001

Dear Mr. Cohagan:

The laboratory report for PCB analysis of samples collected from Transwestern Pipeline Company's Winslow Compressor Station #3 is enclosed for your review. All samples analyzed were positive for PCB. One sample is still awaiting analysis.

Because the analytical results are given by sample number, we have also enclosed a list of sample numbers and corresponding collection sites.

We will forward the test results for the remaining sample when analysis has been completed. Please contact Jerelean Johnson of my staff at (415)556-6150 if you have any questions or need additional information.

Sincerely,

Carl C. Kohnert, Jr.
Acting Director
Enforcement Division

Enclosure

8-24-81
FLC Distr. - Mr. J. C. Williams

8/31/81
JCW:Distribution - D. A. Tefankjian: The analical methodology and quality control data contained herein may be of interest to you.

Transwestern Pipeline Company
Collection Sites

Sample Number	Collection Date	Site
TX-4-SLA	4-3-81	Winslow Compressor Station #3 - Compressor and seal oil from Unit #303.
TX-5-SLA	4-3-81	Winslow Compressor Station #3 - Compressor and seal oil from Unit #301.
TX-6-SLA	4-3-81	Winslow Compressor Station #3 - Waste oil from pit on east side of station. Adjacent to property line.
TX-7-SLA	4-3-81	Winslow Compressor Station #3 - Waste oil from scrubber collection tank.

Versar Inc

EPA COMPLIANCE MONITORING PROGRAM

Submitted to:

US EPA, Region IX
100 California Street
San Francisco, CA 94111

EPA No. 63-01-6291
Versar No. 717.19

Submitted by:

VERSAR INC.
6621 Electronic Drive
Springfield, VA 22151

June 25, 1981

Versar inc.

INTRODUCTION

A total of 25 samples were collected by EPA Region IX personnel and sent to Versar for PCB analysis. The samples arrived in three different batches during the period between March 12 and April 16, 1981. All analytical work performed was in accordance with the written work plan for task OV2-81-01-10.

Included in the 25 samples were five samples whose matrices were outside the specifications in the work plan. Three samples (TX-5-K10, TX-3-SHS, and TX-9-SHS) were solids. One sample (TX-6-SLA) was a waste oil and Sample TX-3-SLA was water. It is mainly for this reason that they were set aside and not analyzed.

The methodology for the analysis is outlined below. The Standard Versar Quality Control Program (SVQCP) was followed and the results presented in the QC summary section. A description of the SVQCP is also included. All field and laboratory chain-of-custody forms are included in Appendix I.

RESULTS

The results of the analysis of the 20 oils are tabulated in Table 1. Four samples were found to contain PCBs, two were contaminated with greater than 50 ppm with one of them over the 500 ppm limit. The other two were well below the 50 ppm limit.

METHODOLOGY

Oil, condensate:[1] Weighed 2.0 grams of sample into a tared 10 ml volumetric flask and diluted to mark with iso-octane. Transferred the sample to 50 ml centrifuge tubes. 10 ml concentrated sulfuric acid was added and the mixture was vortexed. The phases were allowed to separate and the top organic phase was transferred to a 15 ml centrifuge tube.

Several drops of elemental mercury (Hg) was added to the extract, and the Hg-extract combination was put on an automatic wrist shaker for 10 min. If a black precipitate appeared, the extract was transferred to another centrifuge tube and the process was repeated. This was continued until the addition of Hg to the extract did not cause a precipitate. At this point, the free iso-octane was vialed for injection (2 µl) into a gas chromatograph equipped with an electron capture detector.

After the initial screen of the samples, if interferences were still observed, a gel permeation cleanup step was initiated. This cleanup consisted of preparing a chromatography column with 15 gm of activated silica gel (130°C overnight), topped off with 1 cm anhydrous sodium sulfate. The column was pre-eluted with 50 ml hexane.

Five ml of the 1:5 sample dilution was pipeted on top of the column. Prior to the exposure of the surface of the column to air, 125 ml of hexane was added. The first 25 ml were discarded, and the remainder was collected in a Kuderna-Danish apparatus and concentrated to 10 ml. Here, 1 ml of the extract was vialed for injection (2 µl) into a gas chromatograph equipped with an electron capture detector.

QUALITY CONTROL SUMMARY

The full Standard Versar Quality Control Program (SVQCP) was run with the samples. No precision data is available because of lack of PCBs in sample duplicates. Spike recovery data was obtained and showed the method to be very effective in recovering PCBs from samples. The quality control data is presented in Table 2 and summarized on the quality control summary sheet.

[1]Memorandum from NEIC, Denver, Colorado, to the Interstate Natural Gas Association of America, February 20, 1981.

Versar Inc.

PCB ANALYTICAL REPORT

PREPARED FOR:

REF. # 717.19

TABLE 1 (Con't)

SAMPLE NO.	LAB NO.	CONCENTRATION PARTS/MILLION	AROCLOR	COMMENTS
TX-4-SLA 4/3	1692	3	1242	
TX-5-SLA	1693	6	1242	
TX-6-SLA	1694	Not Analyzed		
TX-7-SLA	1695	1100	1242	

*None detected
Detection limit = 1 ppm

DATE: Jan 25 1984

Mark T. Clarkeff

MARK T. CLARKEFF, CHEMIST
APPLIED CHEMISTRY DIVISION

1201984

6621 ELECTRONIC DRIVE, SPRINGFIELD, VIRGINIA 22151 TELEPHONE: (703) 750-3000

Versar Inc

TABLE 2

QUALITY CONTROL DATA

Matrix		Amount Found (µg/g)	Amount Found (ug/g)
Oil:	Reagent Blank	<1	NA*
	Method Standard	53	50
	1399X (sample)	<1	NA
	1399Y (duplicate)	<1	NA
	1399Z (spiked sample)	42	50

*Not applicable

QUALITY CONTROL SUMMARY

Date: May 18, 1981 Matrix: Oil, condensate

Spike: 1 ml Aroclor 1242 50 ppm

Precision		Duplicate Sample	NA*
Recovery Accuracy		Spiked Sample	84%
		Method Standard	106%

*Not available

1201085

Versar Inc.

STANDARD VERSAR
QUALITY CONTROL PROGRAM

The Standard Versar Quality Control Program is included with each batch of samples. A batch is a suitable number of samples to be analyzed at one time. The program consists of four QC audits which are treated with the same conditions as the samples. The QC audits represent from 20-400% of the total number analyzed, depending on the number of samples per batch. The audits are:

(1) Duplicate
(2) Spiked Matrix
(3) Method Standard
(4) Method Blank

A sample is chosen randomly from the batch and split three ways, labelled x, y and z. The x and y aliquots are analyzed as duplicates (QC Audit 1). The z aliquot and a blank sample (QC audits 2 and 3) are spiked with the parameter of interest at the concentration of interest. The fourth QC audit is simply a blank treated as a sample.

Versar calculates its laboratory precision and recovery as follows:

Precision - calculated from the duplicate sample and presented as the relative percent difference

$$\frac{a - b}{a + b/2} \times 100$$

Recovery - calculated from the spiked sample and the method standard and presented as the percent recovered

$$\frac{c}{d} \times 100$$

Where: a - first value from sample "x"
b - second value from sample "y"
c - amount calculated
d - amount spiked

Method blanks are calculated from the values obtained from instrument background and method interferences detected during analysis. A value reported does not mean the parameter of interest was detected but it does reflect the lower limits of detection.

1201986

bcc: B. [illegible] Andrews w/attachments
G. [illegible]wing " "
A. B. Jarnagin " "
J. C. Williams " "

BCA DISTRIBUTION 11/16/81:

Norman D. Radford, Jr., Esq.

TEXAS EASTERN
Gas Pipeline Company
A DIVISION OF TEXAS EASTERN TRANSMISSION CORPORATION

F. L. COHAGAN
VICE PRESIDENT

August 20, 1981

Mr. John Seitz, Chief
Compliance Monitoring Branch
Pesticides and Toxic Substances
Enforcement Division
Environmental Protection Agency
401 "M" Street S.W.
Washington, D.C. 20460

Dear Mr. Seitz:

In response to Mr. A. E. Conroy's letter of May 27, 1981, and as a follow-up to our letter of June 22, 1981, the following information is provided on that portion of Texas Eastern Gas Pipeline Company and Transwestern Pipeline Company systems in which PCB concentrations of 50 PPM or more have been found.

Step 1, as set forth in the May 27, 1981 letter, requests a plan for handling all PCB liquids removed from the systems, including the items listed at the top of page 2, as follows:

1. A description of the locations from which the liquids were being removed.

   Liquids are periodically being drained and collected from:

   a. Gas scrubbers or strainers located on the suction side of compressor stations and at other strategic locations on the pipeline systems.
   b. Liquid drains, drips or knock-out devices at gas measuring stations on the pipeline systems.
   c. Scraper receiving traps (liquids received in the trap with scrapers).
   d. Drainage from valve bodies, orifice fittings, meters, piping headers, and other drain points on the systems.

2. An estimate of the amounts of condensate being removed.

   The amounts of liquids being removed will vary from year to year and during the seasons of the year. Based on available records it is estimated that the following quantities of liquids are removed from the PCB contaminated portions of the systems.

1201987

Texas Eastern: Approximately 125,000 to 150,000 Gallons per year
Transwestern: Approximately 40,000 to 50,000 Gallons per year

3. A description of the measures being taken to protect workers handling any items coming in contact with PCB.

Measures being taken to protect workers handling any items coming in contact with PCB's are as shown on Attachment No. 1. This information was contained in Attachment No. 4 of our June 12, 1981 reponse to Mr. A. E. Conroy's letter of May 15, 1981.

4. Procedures you will follow for handling, marking, storing and disposing of the PCB's in accordance with TSCA and the applicable Department of Transportation regulations.

PCB contaminated materials are collected in tanks or drums and held for disposal at EPA approved incinerators or landfills, or by other methods of disposal approved by EPA. Methods of disposal for PCB contaminated liquids is based on PCB concentration determined by testing. Procedures being followed for handling, marking, storing, and disposing of PCB's are as shown on Attachment No. 2. This information was contained in Attachment No. 4 of our June 12, 1981 response to Mr. A. E. Conroy's letter of May 15, 1981.

In order that full consideration may be given to all facets of the problem in considering alternatives for preventing movement of PCB's into other systems (your Step 2), information requested on identification of PCB sources (top of page 3) is as follows:

1. A complete identification of all sources of the PCB's in your system.

The only source of PCB's on the Texas Eastern and Transwestern systems definitively established to date is the PCB lubricant installed in certain gas turbine units between 1958 and 1970.

2. A plan for eliminating the source. This plan should include:

- A suggested timetable
- Measures to assure the safety of workers
- Procedures you will follow for handling, storing, and disposing of the PCB's in accordance with the law.

As more fully explained in our June 12, 1981 reponse to Mr. A. E. Conroy's letter of May 15, 1981, all gas turbine units which contained the PCB lubricant were drained and non-PCB lubricant installed between 1972 and 1977. PCB concentrations in all units were reduced to less than 50 PPM of PCB in 1978 (with the exception of one unit in

January, 1979), well in advance of the May 1, 1980 regulatory deadline for achieving this level. However, because of an apparent tendency for the PCB concentration to increase with time, additional oil changes have subsequently been required in most units (some as many as five (5) times) in an effort to maintain the PCB concentrations at less than 50 PPM. Contaminated PCB oils removed from the units have been disposed of at EPA approved landfill or incinerator facilities in compliance with EPA regulations. Until EPA approval of incinerator facilities in March, 1981, storage of PCB contaminated oil in accordance with EPA requirements was necessary. Such stored PCB contaminated oil has since been disposed of at EPA approved incinerators. Measures taken to assure safety of workers are given in Attachment No. 1. Procedures followed for handling, storing, and disposing of PCB's are contained in Attachment No. 2.

3. A monitoring plan to assure that the source of PCB's has been eliminated.

   Sampling to determine residual PCB concentrations in the units will be conducted at approximate six (6) months intervals until sampling adequately substantiates the feasibility of a less frequent time interval or elimination of PCB contamination.

Information requested in reporting on the technical alternatives for preventing further movement of PCB's into other transmission or distribution systems (Step 2 - middle of page 2 of Mr. Conroy's letter) is as follows:

1. A description of all possible alternatives for preventing movement of PCB's into other systems.

   Texas Eastern is actively researching all available methods and technology possibly applicable to eliminating or mitigating PCB contamination of pipeline systems. Laboratory and field testing is being performed on any methods that appear viable. It is hoped that some viable method of chemical treatment will evolve from this research. However, to date the only feasible means for preventing movement of PCB's into other systems appears to be control and/or elimination of the pipeline liquids which act as the medium in which the PCB's are transported. For this reason, it is felt that the feasible alternatives available at this time for the Texas Eastern system are as follows:

   A. Installation of a high efficiency filter/separator at each point where gas leaves the Texas Eastern system.

   B. Installation of a high efficiency filter/separator at all points where gas leaves the Texas Eastern system, and there is a history of condensate liquid removal.

C. Installation of high efficiency filter/separators at strategically selected central points on the Texas Eastern system located downstream of original source points of PCB's.

D. Installation of dehydration equipment to minimize further spread of PCB's throughout the system by reducing the quantity of liquids entering the system which are providing a medium for transporting and distributing PCB's.

E. Removal of PCB's by systematic pipeline scraper runs utilizing a flushing medium.

Since Transwestern normally only delivers gas to one customer downstream of the original contaminating source, installation of a high efficiency filter/separator on the main line at the delivery point will serve the combined purposes of all alternatives except E.

2. The best available estimates of the cost, effectiveness and time needed for each alternative.

Estimates of Cost

	Texas Eastern	Transwestern
Alternative A	$12,050,000	------
Alternative B	7,750,000	------
Alternative C	3,761,000	$ 567,000
Alternative D	8,500,000	------
Alternative E	Indeterminate	Indeterminate

Estimates of Effectiveness

It is felt that all methods would be effective in time. Alternative A would be most effective in preventing movement to other systems, but will take the longest period of time to implement and the longest period of time of the filter/separator alternatives to achieve ultimate elimination of the problem in the Texas Eastern system. Alternative C, on the other hand, can be implemented most expeditiously and is the most effective method of achieving the ultimate overall objective of eliminating contamination in the Texas Eastern system in the shortest period of time, thereby reducing the continued period of exposure and costs in handling, transporting, and disposing of contaminated liquids. Alternative B is a compromise which is neither the most effective nor the most expeditious. By providing dryer gas and reducing the quantity of liquids entering the system which provide a medium for transporting and distributing PCB's, Alternative D will serve to "dry-up" and minimize liquid flow in the system, thereby preventing movement of PCB's to other systems. Ultimate elimination of residual contamination on the Texas Eastern system would have to be accomplished by pigging and

drainage and would probably take the longest period of time to accomplish utilizing this method by itself. However, by reducing the quantity of contaminated liquids, the expense, exposure, and other problems associated with disposal of contaminated liquids would be greatly reduced. Alternative E by itself is neither an effective nor expeditious method and is not always possible in all pipeline segments. Alternative E would be most effective in conjunction with, or as a supplement to, one of the other methods.

Estimated Time Needed

	Install and/or Implement	To Become Effective
Alternative A	20 Months Minimum	Upon in-service date at each location
Alternative B	16 Months Minimum	Upon in-service date at locations where installed
Alternative C	12 Months Minimum	Upon in-service date
Alternative D	15 Months Minimum	Upon in-service date
Alternative E	Already Implemented on experimenal basis	Indeterminate

3. Your assessment of the feasibility of each method.

Alternative A, B, and C are all considered feasible in themselves. Alternative D is basically more feasible as a preventative method than a clean-up method. Alternative E is not considered feasible by itself but pigging is considered a necessary component or supplement to each of the other methods. However, utilization of a flushing medium may or may not be beneficial, or even possible. When used in conjunction with filter/separators and/or dehydration, pigging alone without a flushing medium would probably prove more beneficial than with a flushing medium.

As previously mentioned, Alternative A would be most effective in preventing movement to other systems, but would take the longest period of time in which to implement due to delay in material procurement and the large number of installations to be made. Therefore, not only would movement of contaminated liquids continue for a longer period of time, but at a time when concentrations are at their highest (diminishing in time

with liquid removal and drainage of residual concentrations). Except for Alternative B, Alternative A would take the longest period of time to cleanup the Texas Eastern system, thus delaying achievement of the ultimate overall objective of eliminating the contamination source and thereby eliminating the exposure and costs in handling, transporting, and disposing of contaminated liquids as early as possible. Not only would the initial cost of separate filter/separators be more, but future operating and maintenance costs would be commensurately higher due to the larger number of installations, the additional number of appurtenant storage facilities required, larger number of personnel involved, disposal problems associated with larger number and broad geographic dispersal of filter elements, and other related aspects involved. Alternative A would involve approximately 189 separate filter/separators with 21 or more locations requiring additional storage facilities.

Alternative B represents basically a selective application of Alternative A with filter/separator installations only at points where there is a history of condensate liquids removal where gas leaves the system. While this method would represent a definite savings in installation costs and would achieve a better cost per benefit ratio, the operating and maintenance costs would not be reduced commensurately, because the approximate 110 locations involved would still be widely dispersed geographically and 21 or more locations would still require additional storage facilities. Additionally, because the behavior of pipeline liquids is sometimes erratic, there is no assurance that contaminated liquids would not occur at a location without a filter/separator. Based on the same rationale as applied to Alternative A, Alternative B would be even slower and less effective than Alternative A in reducing and eliminating contamination in the Texas Eastern system and thereby ultimately solving the overall problem. While a feasible alternative, Alternative B is felt to be only a partial solution.

Alternative C can be implemented in the shortest period of time. Thus it is the most expeditious method to mitigate the movement of contaminated liquids to other systems. Also it is the most effective method to achieve the ultimate overall objective of eliminating contamination in the Texas Eastern system in the shortest period of time. This would thereby reduce the continued period of exposure and costs in handling, transporting, and disposing of contaminated liquids. By strategically locating filter/separators on the main line downstream of original PCB sources (gas turbines that formerly used PCB lubricant), Alternative C has a distinct advantage in that liquids will be removed from the full thru-put of the main line at the points on the system where PCB concentrations are most likely to be the highest (downstream of the subject turbines). This will not only provide most effective removal of the maximum quantity of liquids, thereby eliminating the medium for transporting and spreading PCB contami-

nation, but it will also remove the liquids most likely to have the highest PCB concentrations. Since gas input points downstream of the filter/separator locations are minimal and are the only input points where additional liquids may enter the system, movement of PCB's to other systems is minimized due to the lack of liquids. Since there would be fewer locations involved, with fewer liquid storage facilities, the operating and maintenance costs would be less than that for Alternatives A or B. Utilization of Alternative C would also reduce the quantity of liquids being transported, both in the pipeline and for disposal. Another advantage of Alternative C would be the added effectiveness of scraper runs in conjunction with filter/separator installations because of more effective liquid removal due to full flow filter/separation.

Except for Alternative C, Alternative D could be implemented in the shortest period of time. Presently, as uncontaminated liquids entering the system are transported, they may become contaminated and act as a medium for transporting and distributing PCB's throughout the system. Not only does this provide a continuing means of spreading PCB contamination in the Texas Eastern system and movement of PCB's to other systems, but it provides a continuing source of potential exposure and expense of disposal because of the continuous supply and volume of contaminated liquids requiring removal and disposal. Installation of dehydration equipment at the largest liquid input point on the system will provide dryer gas and reduce the quantity of liquids which provide a medium for transporting and distributing PCB's in the system. Alternative D by itself is basically more of a preventative program than a clean-up program and would require a pigging and drainage program in conjunction with it (as would Alternatives A, B, and C) to accomplish elimination of PCB contamination in the system. However, the dry condition of the gas and the reduction in the quantity of liquids being transported would enhance and expedite elimination of system PCB contamination utilizing pigging and drainage. Additionally, potential exposure and expense of disposal would be greatly reduced. An added benefit to this approach would be a reduction in the quantity of liquids (although uncontaminated) obtained due to retrograde condensation where pressure reduction occurs, particularly at customers meters. The largest contributor of liquids in the Texas Eastern system is the offshore Cameron area system. By installation of proper facilities, liquids from the Cameron system can be removed before they reach Gillis Station, where split flow occurs and the liquids are dispersed to main line systems. Reduction in dew points from a nominal seven (7) pounds per MMCF to three (3) pounds per MMCF by installation of dehydration equipment at Grand Chenier Station will remove an estimated 321 gallons per day (or 117,165 gallons per year) of uncontaminated liquids entering the system.

Texas Eastern has been experimenting with Alternative E using methanol alcohol, diesel fuel, and clean condensate as flushing mediums. While this method has met with some degree of success, the results do not justify utilization of this method by itself as a means of preventing movement of PCB's to other systems or as a means of cleaning up the system. For one thing, such a program must, of necessity, originate on the upstream end of the system and progress downstream, otherwise incoming liquids will recontaminate the cleaned segments. This would be a prolonged process to achieve decontamination of the entire system. Secondly, it is not possible to perform such runs in some locations without installing additional scraper trap facilities and/or utilizing temporary receiver tanks, a potentially hazardous operation. Additionally, a limitation exists on the quantity of flushing medium that can be utilized in on-stream scraper runs. Also, the more flushing medium utilized the more liquid there is to be disposed of, at considerable expense since the flash point usually dictates disposal by incineration. However, scraper running, with or without a flushing medium as conditions dictate, can be used to great benefit in conjunction with filter/separator or dehydration equipment.

4. A discussion of the potential for human and environmental exposure to PCB's of each method.

The method utilizing the fewest personnel at the least number of liquid collection, transportation, and disposal locations will provide the least potential for human and environmental exposure to PCB's. Alternative A would require one or more people at every location at which gas leaves the system. It would also require activities related to the handling, transportation, and disposal of PCB at every such location. Similarly the number of people and activities involved unter Alternative B and C would be directly related to the number of filter/separator locations involved. Alternative D would require personnel to operate and maintain the equipment but no potential for human and environmental exposure to PCB's would exist due to location in the uncontaminated portion of the pipeline system. Alternative E would utilize the largest number of personnel, involve the widest range of activities, involve the greatest number of geographic locations, and presents the greatest potential for human and environmental exposure if a flushing medium is used. Of the above alternatives, it can be seen that Alternative D offers the least potential for human and environmental exposure, with Alternative C offering the next least potential.

PROPOSAL

In view of the above, Texas Eastern and Transwestern hereby propose for EPA consideration, implementation of a plan based on a combination of Alternatives C, D, and E for prevention of movement of PCB's to the systems of other companies

and elimination of PCB's from the Texas Eastern and Transwestern systems.

The plan consists of the installation of high efficiency filter/separators at a minimum of four (4) locations and installation of dehydration equipment at one (1) location on the Texas Eastern system, and the installation of a high efficiency filter/separator at one (1) location on the Transwestern system, as shown on the attached system maps identified as Attachment No. 3 and No. 4 respectively. Filter/separator locations proposed on the Texas Eastern system are Joaquin, Texas; Berne, Ohio; Lebanon (Station 16), Ohio; and Lambertville, New Jersey compressor stations. Dehydration equipment is proposed at Grand Chenier Station. A filter/separator is proposed at the Needles, Arizona measurement station on the Transwestern system.

The equipment proposed to be installed at these locations are filter/separators manufactured by Peerless Manufacturing and Perry Equipment Company (Peco). The filter/separators are two stage with the inlet gas passing through filters to agglomerate the small droplets and then the vane separator to remove the agglomerated liquids. The Peerless filter/separator is guaranteed to remove 100 percent of all droplets 8-10 microns and larger and 99.5 percent of those droplets sizes 1/2 to 8 microns. The Peco unit is guaranteed to remove 98 percent of all liquids and solids one micron and larger with 99.9 percent overall removal efficiency.

It is proposed that a modified Alternative E pipeline liquid cleanup program utilizing on-stream pigging, with or without a flushing medium as conditions warrant or permit, and periodic draining of valve bodies, orifice meters, etc. will be conducted in conjunction with operation of the centralized filter/separators and the dehydration facility.

It is estimated that installation of the filter/separators can be accomplished within approximately one year and the dehydration equipment within approximately 15 months from the date of approval of this plan by EPA. Estimated costs of the facilities is as follows:

Texas Eastern filter/separators	$ 3,761,000
Texas Eastern dehydration equipment	8,500,000
Sub Total	12,261,000
Transwestern filter/separator	567,000
Total	$12,828,000

Procedures that will be followed to assure worker safety and for handling, marking, storing, and disposing of PCB's are as contained in Attachment No. 1 and No. 2 respectively.

Effectiveness of the program will be monitored by periodic sampling of pipeline liquids for PCB's. The results of the sampling can be reported to EPA.

We trust this will provide you with the information requested in Mr. A. E. Conroy's letter of May 27, 1981. We will be glad to meet with you to further discuss any aspects of the program as you may desire. We stand ready to initiate this program upon your approval.

Sincerely,

1201095

F. L. Cohagan

Attachments

ATTACHMENT NO. 1

TEXAS EASTERN

INTEROFFICE CORRESPONDENCE

TO: F. L. Cohagan CO/DIV Risk Mgmt/Safety

FROM: W. W. Bednarsky DATE January 29, 1981

SUBJECT: Safe Practices and Protective Equipment To Be Used In Handling PCB-Contaminated Materials

Jobs may be performed where employees could be exposed to pipeline material possibly containing PCB. Such jobs could include removal of scrapers from scraper traps and pump-out of distillate storage tanks. In these cases, use of the personal protective equipment and clothing recommended below and adherence to the following recommended safe practices should protect our employees from PCB hazard.

Protective Equipment and Clothing

1. #8712 3M Organic Vapor Respirator
2. #K100 Kaycel Coverall with Elastic Wrist and Ankle
3. #749 BR 14" PVC Heavy Duty Gloves
4. #1400 Tingley Over-the-Shoe Boot
5. #160 Encon Goggle (or equivalent)

Safe Practices

Respirators, coveralls, gloves, boots, and goggles should be used only for the duration of one job at one location. If any article becomes soiled beyond use, it should be properly discarded and replaced. After use, protective equipment and clothing should be placed in fiber drums for storage.

Cloth rags should be used to soak up distillate from non-porous surfaces including scrapers if they are to be transported from the immediate job site. Used rags should be placed in fiber drums for storage. If distillate soaks into soil around the job site, the contaminated soil should be scooped and placed in fiber drums.

1201096

ATTACHMENT NO. 2

Sheet 1 of 7

TEXAS EASTERN

INTEROFFICE CORRESPONDENCE

TO: F. L. Cohagan CO/DIV. Risk Mgmt/Safety

FROM: W. W. Bednarsky DATE: January 29, 1981

SUBJECT: Safe Practices and Protective Equipment To Be Used In Sampling Distillate That May Contain PCB

The following personal protective equipment should be used by employees when drawing samples of pipeline distillates that may be contaminated with PCB's. In addition, adherence to the safe practices outlined below should protect our employees from PCB hazard.

Personal Protective Equipment

1. #8712 3M Organic Vapor Respirator
2. #749 BR 14" PVC Heavy Duty Gloves
3. #160 Encon Goggle (or equivalent)

Safe Practices

Employees taking samples should wear the personal protective equipment described above. As long as as this equipment shows no visible soiling or contamination, it could be used on successive samplings. However, if any article becomes visibly soiled, it should be placed in a heavy duty plastic bag with twist tie and transported to the nearest PCB storage site on Company property.

Each employee drawing samples of pipeline distillate that may contain PCB's should wash immediately with soap and water if the distillate contacts his skin. Employees should also wash thoroughly before eating or smoking and again at the end of the work day.

WWB:JET:hl

1201097

For proper storage of PCB-contaminated materials, see procedures outlined elsewhere.

If an employee's skin contacts PCB-contaminated material, he should wash immediately with soap and water. All employees working around PCB should wash thoroughly before eating or smoking and again at the end of the work day.

When handling distillate possibly containing PCB, employees should treat the distillate as a flammable liquid, observing usual restrictions for controlling flammability hazard.

The Safety Department will sample for airborne PCB as necessary during these operations. Results of PCB sampling will be permanently filed in the Safety Department and will be available to Gas Operations.

WWB:JET:hl

TEXAS EASTERN

INTEROFFICE CORRESPONDENCE

TO: Mr. F. L. Cohagan CO/DIV. Risk Mgmt/Safety

FROM: W. W. Bednarsky DATE. January 29, 1981

SUBJECT: Procedure for Storage of Flammable Materials Containing PCB's - Large Quantities

Flammable and combustible liquids in excess of that permitted in inside storage rooms (see procedure for storing small quantities) shall be stored outside of buildings.

Storage of containers (not more than 60 gallons each) shall not exceed 1,100 gallons in one area. Areas shall be separated by a 5-foot clearance. Areas of storage shall not be nearer than 20 feet to a building.

The area shall be surrounded by a curb or earth dike at least 12 inches high. When curbs or dikes are used, provision shall be made for draining off accumulations of ground or rain water or spills of flammable or combustible liquids.

Storage areas shall be kept free of weeds, debris and other combustible material not necessary to the storage.

Adequate precautions shall be taken to prevent the ignition of flammable vapors. Sources of ignition include but are not limited to open flames, lightning, smoking, cutting and welding, hot surfaces, frictional heat, static, electrical, and mechanical sparks, spontaneous ignition including heat-producing chemical reactions, and radiant heat.

Hot work such as welding or cutting operations, use of spark-producing power tools, and chipping operations shall be permitted only under supervision of an individual in responsible charge.

Maintenance and operating practices shall be in accordance with established procedures which will tend to control leakage and prevent the accidental escape of flammable or combustible liquids. Spills shall be cleaned up promptly.

1201099

Leaking containers shall have the contents transferred to an undamaged container. The leaking container should be retained in the storage area for proper disposal of containers that have been used for storage of PCB's.

Transfer of flammable liquids from one container to another shall be done only when containers are electrically interconnected (bonded).

Smoking shall be prohibited except in designated localities. If storage area is outside of previously designated no smoking area "No Smoking" signs shall be conspicuously posted and no smoking is to be permitted within 100 feet of flammable material.

At least one portable fire extinguisher (30 lb. dry chemical) shall be located not less than 25 feet nor more than 75 feet from the flammable liquid storage area.

Materials containing PCB's when heated to decomposition emit highly toxic fumes. Extinguishment of these materials should not be attempted without the use of self-contained breathing equipment.

WWB:CGC:mk

TEXAS EASTERN

INTEROFFICE CORRESPONDENCE

TO: Mr. F. L. Cohagan CO/DIV. Risk Mgmt/Safety

FROM: W. W. Bednarsky DATE: January 30, 1981

SUBJECT: Procedure for Storage of Flammable Materials Containing PCB's - Small Quantities

No more than 25 gallons of flammable or combustible liquids shall be stored in a room outside of an approved storage cabinet. Quantities of flammable and combustible liquid in excess of 25 gallons shall be stored in an acceptable or approved cabinet. Not more than 60 gallons of flammable or combustible liquids shall be stored in any one storage cabinet. Not more than three such cabinets may be located in a single storage area.

Electrical wiring and equipment located in inside storage rooms shall be approved for Class I Division I Hazardous Locations.

Every inside storage room shall be provided with either a gravity or a mechanical exhausting system.

In every inside storage room there shall be one clear aisle at least 3 feet wide.

Flammable or combustible liquids incidental to the principle business shall be stored in closed containers.

Open flames and smoking shall not be permitted in flammable or combustible liquid storage areas. Cabinets shall be labeled in conspicuous lettering, "Flammable - Keep Fire Away."

Maintenance and operating practices shall be in accordance with established procedures which will tend to control leakage and prevent the accidental escape of flammable or combustible liquids. Spills shall be cleaned up promptly.

At least one portable fire extinguisher (30 lb. dry chemical) shall be located outside of but not more than 10 feet from the door opening into any room used for storage.

At least one portable fire extinguisher (30 lb. dry chemical) must be located not less than 10 feet, nor more than 25 feet, from any flammable liquid storage area located outside of a storage room but inside a building.

1202001

Materials containing PCB's when heated to decomposition emit highly toxic fumes. Extinguishment of these materials should not be attempted without the use of self-contained breathing equipment.

WWB:CGC:cm

TEXAS EASTERN

INTEROFFICE CORRESPONDENCE

TO: F. L. Cohagan CO/DIV: Risk Mgmt/Safety

FROM: W. W. Bednarsky DATE: January 29, 1981

SUBJECT: Shipment of Small Quantities of Flammable Liquids Via Common Carrier

The shipping of flammable liquids via common carrier is regulated by the Department of Transportation in 49CFR Parts 172-173. In general, shipping of limited quantities of flammable liquids are excluded from the packaging specification requirements of these regulations. Please refer to the following guidelines when offering flammable liquids with flash points above 73°F for shipment via common carrier.

GUIDELINES

Samples offered for shipment on a passenger carrying aircraft should be in metal containers not over one (1) quart capacity, packed in strong outside containers such as DOT 12B specification cardboard boxes. Only one (1) container of one (1) quart capacity is allowed per package.

Samples offered for shipment on a cargo only aircraft should also be in metal containers not over one (1) quart capacity, packed in strong containers. When shipping on cargo aircraft, however, each package may contain up to ten (10) gallons of flammable liquid.

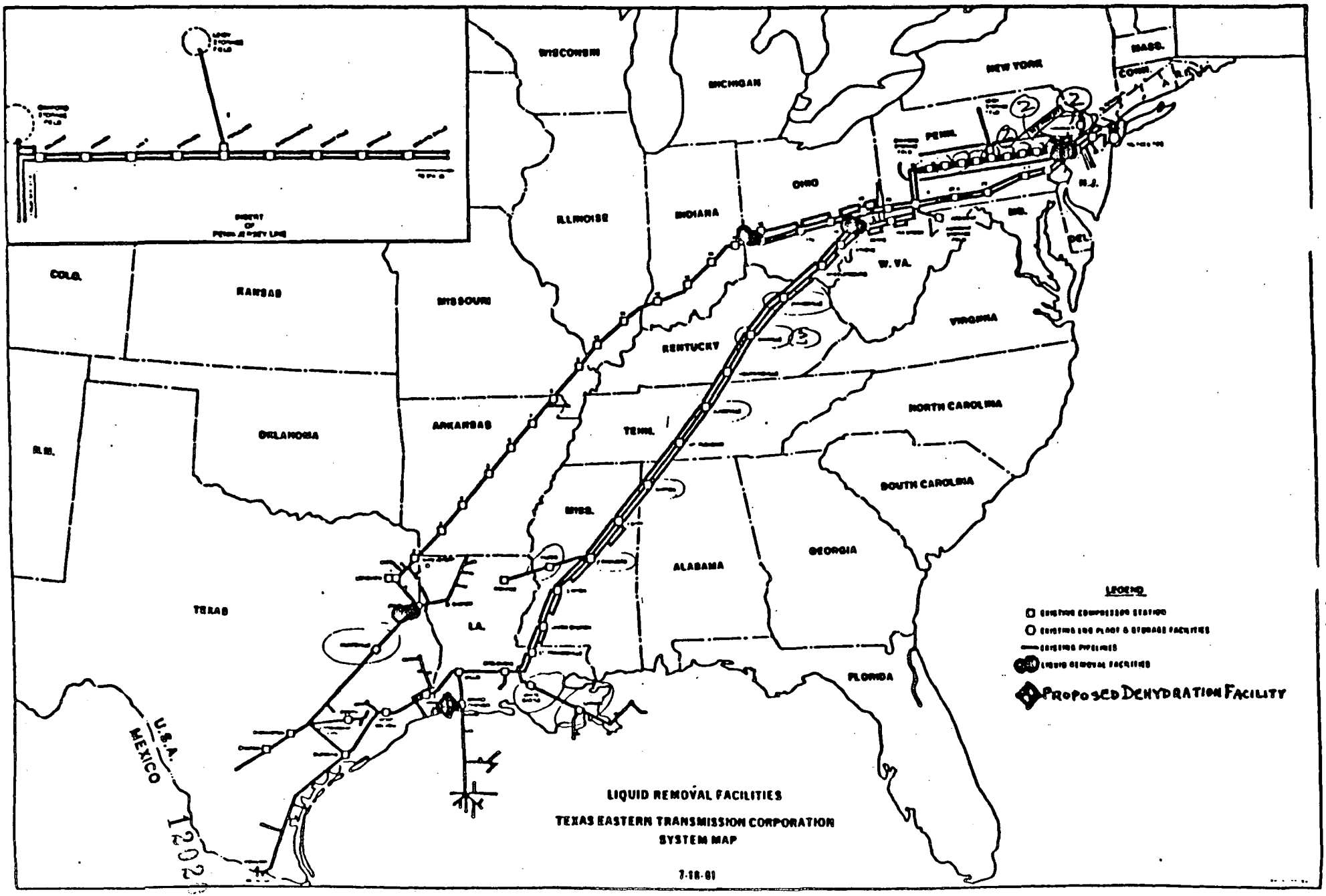
Whether offered for shipment on passenger or on cargo aircraft, the outside package should bear labels indicating "flammable liquid." These labels are available through local vendors.

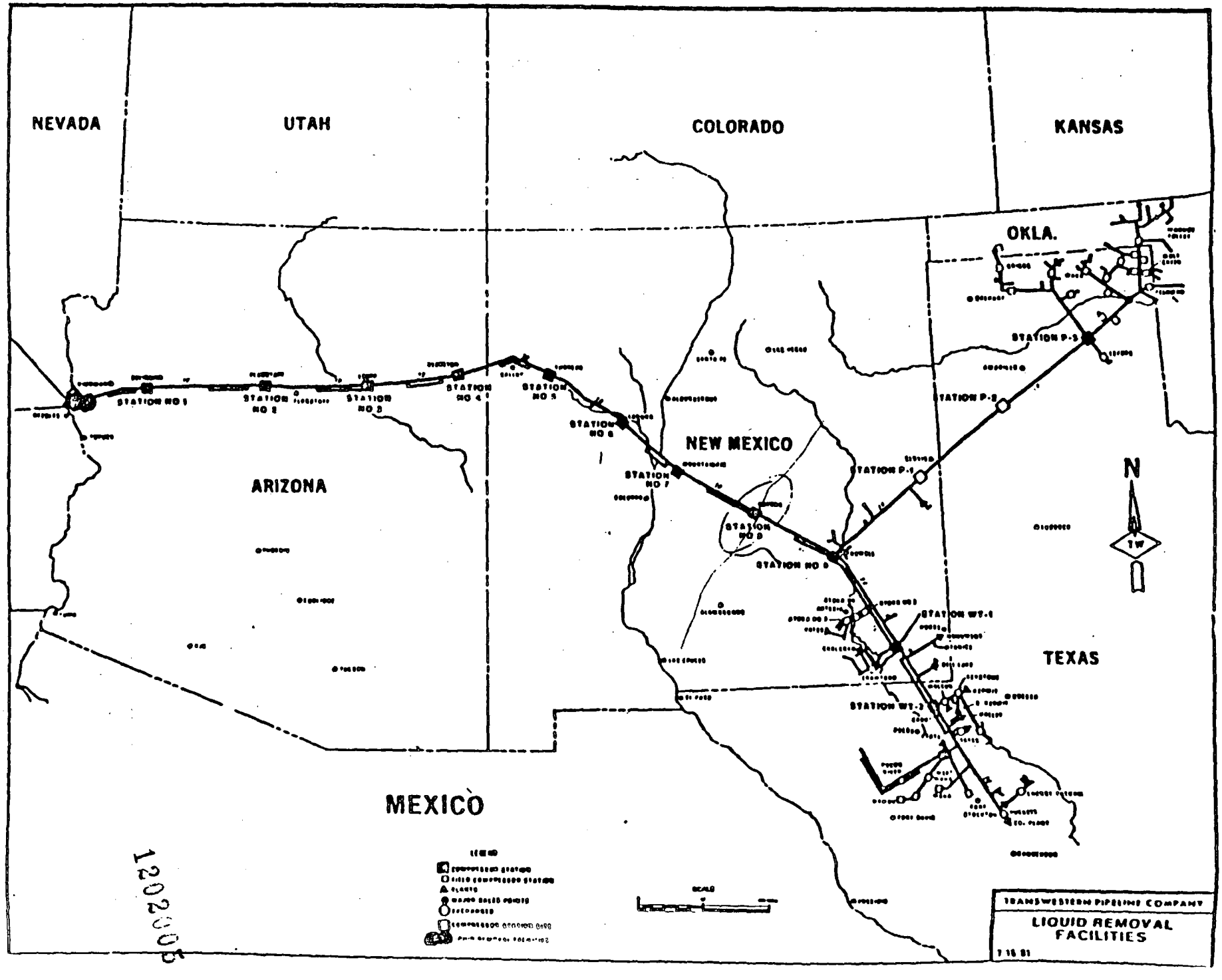
A final requirement for shipping via aircraft is the completion of the "Shipper's Certification for Restricted Articles." This form, furnished by the carrier upon request, is our means of informing the carrier of the proper shipping name, class, quantity, and flash point of the articles offered for shipment. For petroleum distillate the flash point should be shown as "above 73°F."

1202002

The requirements for shipping small quantities of flammable liquids by ground transportation carrier are essentially the same as for shipping by aircraft. The individual carrier should be contacted in advance to obtain the necessary shipper's certification forms.

WWB:JET:hl


WISCONSIN
MICHIGAN
NEW YORK
MASS.
CONN.
R.I.
PENN.
N.J.
DEL.
MD.
OHIO
ILLINOIS
INDIANA
W. VA.
COLO.
KANSAS
MISSOURI
KENTUCKY
VIRGINIA
N.M.
OKLAHOMA
ARKANSAS
TENN.
NORTH CAROLINA
MISS.
SOUTH CAROLINA
ALABAMA
GEORGIA
TEXAS
LA.
FLORIDA
U.S.A.
MEXICO
LEGEND
PROPOSED DEHYDRATION FACILITY
LIQUID REMOVAL FACILITIES
TEXAS EASTERN TRANSMISSION CORPORATION
SYSTEM MAP
7-18-89



1202006

ATTACHMENT 4

TEXAS
EASTERN
Transmission Corporation

WILLARD T. YOUNG
MANAGER
ENVIRONMENTAL CONTROL
ENGINEERING SERVICES DIVISION

August 13, 1981
OUR REF: 449-81

Mr. Terry Tillman
Texas Department of Water Resources
Solid Waste Section
P. O. Box 13087, Capitol Station
Austin, TX 78711

Dear Mr. Tillman:

Please find attached Industrial Solid Waste Management Inventory forms for our Transwestern's Halley Plant and Pyote Plant. These notifications are in accordance with § 156.22.01.106 of the Texas Department of Water Resources Industrial Solid Waste Management Regulations which requires any person who generates industrial solid waste to notify of such activity.

If there are any questions concerning these submittals, please contact Anita Cuevas at (713) 759-5318.

Very truly yours,

Willard T. Young
Manager, Environmental Protection

ANC/ds
Attachments
bcc: S. M. Dougherty w/attachments
Dr. D. H. France
W. G. Marks
G. O. Moe
Gerald Walker w/attachments ✓

1202006

a - file
fw - H/w
18 Aug 81

4R.40502D

TEXAS DEPARTMENT OF WATER RESOURCES

INDUSTRIAL SOLID WASTE MANAGEMENT INVENTORY

RETURN TO :
TEXAS DEPARTMENT OF WATER RESOURCES
SOLID WASTE SECTION
P.O. BOX 13087, CAPITOL STATION
AUSTIN, TEXAS 78711

PLEASE RETURN WITHIN 30 DAYS

INSTRUCTIONS

PART I: PART I is to be completed by everyone and begins on Page 2. An explanation for each item follows:

A. If your firm generates industrial solid waste as defined by [redacted] TDWR rules, check the box marked "yes" and complete both PART I and PART II of the Inventory. If your firm generates no waste, check "no" and complete only PART I.

B. Give the name, the Texas mailing address (P.O. Box, City, State, Zip Code) and the physical location address (Street, City, State, Zip Code) of your company. Also give the mailing address of your firm's administrative or operational headquarters, if different.

C. Give the address, city, county and zip code of any waste disposal site owned and/or controlled by your company which is not the same as, but is within 50 miles of your plant.

D. Give the total number of persons employed at your plant.

E. Give the name, title, area code and telephone number of the person TDWR should contact in regard to your company's solid waste disposal activities.

F. Give the numbers of any permits previously issued to your company by TDWR or by the former TWQB (Industrial Wastewater Discharge or No Discharge Permits; Injection Well Permits, etc.)

G. Describe the goods produced or services provided by your company at the plant site.

H. Sign and date the Inventory certifying that the information you have supplied is both accurate and complete.

PART II: PART II begins on page 3 and continues through page 4. If your company is an industrial solid waste generator, you should complete items A-K for each waste you produce. Space is provided for listing six (6) wastes. If you should need more space, you may duplicate the blank form and/or attach any additional information as needed. An explanation for each item follows:

A. In the first blank, give the sequence number of the waste; in the second blank, give the total number of wastes to be listed. For example: if you generate 2 wastes, the first waste listed will be waste no. 1 of 2; the second waste listed will be waste no. 2 of 2, etc.

B. If it is available to you, give the S.I.C. Code for each manufacturing process as given by the *Standard Industrial Classification Manual.*

C. Check the box indicating the form of the waste. If the waste is a sludge (part liquid, part solid), give the percentage of solids contained in the sludge.

D. Give an estimate of the average amount of each waste produced each month and check one box to indicate the unit of measurement employed.

E. Check one box to indicate whether the waste is primarily organic or inorganic.

F. Enter data requested indicating characteristics of waste material and indicate type of unit or measurement used, if applicable. Indicate if waste is reactive by checking YES or NO.

G. Give a description of the waste material, detailing all major components.

H. Indicate if the waste is "hazardous", as defined by the U.S. Environmental Protection Agency, by checking YES or NO.

1202007

I. Indicate the number of times per month the waste is shipped off-site.

J. If the waste is stored, treated or disposed on-site, or if the waste is recovered for use or sale, check the on-site box and any other boxes indicating whether it is stored, treated, recovered or disposed. Note: "On-site" means within the property boundaries of a tract of land owned or effectively controlled by the waste generator or within 50 miles of the facility where the waste is produced. A disposal operation shall not be considered "on-site" if the waste is collected, handled, stored or disposed with wastes from generating points under different ownership.

K. Describe (in detail) every facility involved in the on-site management of the waste named in letter G. above, giving facility types, sizes and capacities.

PART I : GENERAL INFORMATION

A. Does your firm generate Industrial Solid Waste(s) as defined in [redacted] TDWR Rules [redacted]
☒ Yes ☐ No

B. Company Name TRANSWESTERN PIPELINE COMPANY - PYOTE PLANT AND STATION

Plant - P.O. Box	P. O. Box 320	Pyote	TX	79777
	P.O. Box	City	State	Zip
Plant - Street Address	From Pyote: S on Hwy 1927 for 7 miles, then E 2 miles to site	TX		79777
	Address	City	State	Zip

Headquarters (if other than above):

P. O. Box 2521 , 1221 McKinney	Houston ,	TX	77001
P.O. Box/Street	City	State	Zip

C. Give the location of any disposal site(s) controlled by your firm other than plant or manufacturing site listed in Section B above:

1.	Puckett Plant	Fort Stockton	Pecos	TX	79735
	Location	City	County	State	Zip
2.	Keystone Plant	Kermit	Winkler	TX	79745
	Location	City	County	State	Zip
3.					
	Location	City	County	State	Zip

D. Number of persons employed: 30

E. Person to be contacted regarding solid waste management:

Willard T. Young, Manager, Environmental Protection	Phone:	713/759-5355	
Name Title		Area Code	Telephone Number

F. Give numbers of any TDWR permits, orders, etc. held, or applied for, by your firm (specify type):

TDWR Registration Number 32144 for Marguerite Humpheries Gas Treatment Plant, Hemphill Co., TX. Applications submitted for items C.1. and C.2. - no numbers received yet.

G. Nature of business and/or description of products manufactured: Natural gas treatment plant and pipeline compressor station

H. I certify the information herein is complete and accurate to the best of my knowledge:

1202008

Willard T. Young
Signature

8/13/81
Date

Willard T. Young, Manager, Environmental Protection

PYOTE PLANT

PART II : WASTE INVENTORY

WASTE DESCRIPTION

A. WASTE NO. 1 **OF** 3 **B. SIC CODE (if known)** 4922

C. FORM: (check one)
- ☐ Solid
- ☒ Liquid
- ☐ Gas
- ☐ Sludge/Slurry _____ % solid

D. Quantity generated per month: 6000 (estimated)
☒ gallons ☐ pounds ☐ cubic yards

E. Predominately: ☐ organic ☒ inorganic

F. CHARACTERISTICS: Toxicity NA (LD_{50}, LC_{50}, LDL_0) pH 7.4
Solubility NA (g/100g H_2O) Corrosion NA (mm/yr)
Flash Point 90.5 °C Reactive Waste? ☐ Yes ☒ No

G. DESCRIPTION (major components): water and liquid hydrocarbons separated from natural gas

H. IS THIS A HAZARDOUS WASTE AS DEFINED BY THE U.S. EPA? ☐ YES ☒ NO

DISPOSITION

I. NUMBER OF OFF-SITE WASTE SHIPMENTS PER MONTH: quarterly

J. ☐ **ON-SITE WASTE MANAGEMENT** – NA
FACILITY USE: ☐ Storage ☐ Treatment ☐ Recovery ☐ Disposal

K. FACILITY DESCRIPTION: (indicate Type, Size, Capacity)
concrete lined surface impoundment
100'l x 34'w x 6'd

A. WASTE NO. 2 **OF** 3 **B. SIC CODE (if known)** 4922

C. FORM: (check one)
- ☐ Solid
- ☒ Liquid
- ☐ Gas
- ☐ Sludge/Slurry _____ % solid

D. Quantity generated per month: 3200 (estimated)
☒ gallons ☐ pounds ☐ cubic yards

E. Predominately: ☐ organic ☒ inorganic

F. CHARACTERISTICS: Toxicity NA (LD_{50}, LC_{50}, LDL_0) pH 10.3
Solubility NA (g/100g H_2O) Corrosion NA (mm/yr)
Flash Point 90.5 °C Reactive Waste? ☐ Yes ☒ No

G. DESCRIPTION (major components): engine room waste water

H. IS THIS A HAZARDOUS WASTE AS DEFINED BY THE U.S. EPA? ☐ YES ☒ NO

I. NUMBER OF OFF-SITE WASTE SHIPMENTS PER MONTH: quarterly

J. ☐ **ON-SITE WASTE MANAGEMENT** – NA
FACILITY USE: ☐ Storage ☐ Treatment ☐ Recovery ☐ Disposal

K. FACILITY DESCRIPTION: (indicate Type, Size, Capacity)
concrete lined surface impoundment
50'l x 50'w x 6'd

A. WASTE NO. 3 **OF** 3 **B. SIC CODE (if known)** 4922

C. FORM: (check one)
- ☒ Solid
- ☐ Liquid
- ☐ Gas
- ☐ Sludge/Slurry _____ % solid

D. Quantity generated per month: 90 (estimated)
☐ gallons ☒ pounds ☐ cubic yards

E. Predominately: ☐ organic ☐ inorganic

F. CHARACTERISTICS: Toxicity NA (LD_{50}, LC_{50}, LDL_0) pH NA
Solubility NA (g/100g H_2O) Corrosion NA (mm/yr)
Flash Point NA °C Reactive Waste? ☐ Yes ☒ No

G. DESCRIPTION (major components): potentially ignitable amine filters

H. IS THIS A HAZARDOUS WASTE AS DEFINED BY THE U.S. EPA? ☒ YES ☐ NO

I. NUMBER OF OFF-SITE WASTE SHIPMENTS PER MONTH: quarterly

J. ☐ **ON-SITE WASTE MANAGEMENT** – NA
FACILITY USE: ☐ Storage ☐ Treatment ☐ Recovery ☐ Disposal

K. FACILITY DESCRIPTION: (indicate Type, Size, Capacity)
NA

1202009

PART I : GENERAL INFORMATION

A. Does your firm generate Industrial Solid Waste(s) as defined in [redacted] TDWR Rules [redacted]

☒ Yes ☐ No

B. Company Name TRANSWESTERN PIPELINE COMPANY - HALLEY PLANT

Plant - P.O. Box P. O. Box 1059 (P.O. Box) Kermit (City) TX (State) 79745 (Zip)

Plant - Street Address From Kermit: S on Hwy 18 for 10 miles, turn left on Ranch Road for 3 miles to site. (Address) Kermit (City) TX (State) 79745 (Zip)

Headquarters (if other than above):

P. O. Box 2521 , 1221 McKinney (P.O. Box/Street) Houston (City) TX (State) 77001 (Zip)

C. Give the location of any disposal site(s) controlled by your firm other than plant or manufacturing site listed in Section B above:

	Location	City	County	State	Zip
1.	Puckett Plant	Fort Stockton	Pecos	TX	79735
2.	Keystone Plant	Kermit	Winkler	TX	79745
3.					

D. Number of persons employed: 15

E. Person to be contacted regarding solid waste management:

Willard T. Young, Manager, Environmental Protection (Name, Title) Phone: 713/759-5355 (Area Code, Telephone Number)

F. Give numbers of any TDWR permits, orders, etc. held, or applied for, by your firm (specify type):

TDWR Registration Number 32144 for Marguerite Humpheries Gas Treatment Plant, Hemphill Co., TX. Applications submitted for items C.1. and C.2. - no numbers received yet.

G. Nature of business and/or description of products manufactured: Natural gas treatment plant

H. I certify the information herein is complete and accurate to the best of my knowledge:

1202010

Willard T. Young (Signature)

8/13/81 (Date)

Willard T. Young, Manager, Environmental Protection

HALLEY PLANT

PART II : WASTE INVENTORY

WASTE DESCRIPTION

A. WASTE NO. 1 **OF** 2 **B. SIC CODE (if known)** 4922

C. FORM: (check one)
- ☐ Solid
- ☒ Liquid
- ☐ Gas
- ☐ Sludge/Slurry _____ % solid

D. Quantity generated per month: 5800 (estimated)
☒ gallons ☐ pounds ☐ cubic yards

E. Predominately: ☒ organic ☐ inorganic

F. CHARACTERISTICS: Toxicity NA (LD_{50}, LC_{50}, LDL_0) pH 7.5
Solubility NA (g/100g H_2O) Corrosion NA (mm/yr)
Flash Point 82 °C Reactive Waste? ☐ Yes ☒ No

G. DESCRIPTION (major components): small quantities of monoethyl-amine (MEA) and triethyleneglycol (TEG), engine waste oil, engine wash water

H. IS THIS A HAZARDOUS WASTE AS DEFINED BY THE U.S. EPA? ☐ YES ☒ NO

DISPOSITION

I. NUMBER OF OFF-SITE WASTE SHIPMENTS ~~PER MONTH:~~ biannually

J. ☐ **ON-SITE WASTE MANAGEMENT** – NA
FACILITY USE: ☐ Storage ☐ Treatment ☐ Recovery ☐ Disposal

K. FACILITY DESCRIPTION: (indicate Type, Size, Capacity)
Concrete surface impoundment
39' x 39' at bottom
75' x 75' at top
6' depth

A. WASTE NO. 2 **OF** 2 **B. SIC CODE (if known)** 4922

C. FORM: (check one)
- ☒ Solid
- ☐ Liquid
- ☐ Gas
- ☐ Sludge/Slurry _____ % solid

D. Quantity generated per month: 2400 (estimated)
☐ gallons ☒ pounds ☐ cubic yards

E. Predominately: ☐ organic ☒ inorganic

F. CHARACTERISTICS: Toxicity NA (LD_{50}, LC_{50}, LDL_0) pH NA
Solubility NA (g/100g H_2O) Corrosion NA (mm/yr)
Flash Point NA °C Reactive Waste? ☐ Yes ☒ No

G. DESCRIPTION (major components): Filter elements, empty paint containers, paper and wood trash

H. IS THIS A HAZARDOUS WASTE AS DEFINED BY THE U.S. EPA? ☐ YES ☒ NO

I. NUMBER OF OFF-SITE WASTE SHIPMENTS PER MONTH: none

J. ☒ **ON-SITE WASTE MANAGEMENT –**
FACILITY USE: ☐ Storage ☐ Treatment ☐ Recovery ☒ Disposal

K. FACILITY DESCRIPTION: (indicate Type, Size, Capacity)
Landfill

A. WASTE NO. _____ **OF** _____ **B. SIC CODE (if known)** _____

C. FORM: (check one)
- ☐ Solid
- ☐ Liquid
- ☐ Gas
- ☐ Sludge/Slurry _____ % solid

D. Quantity generated per month: _____ (estimated)
☐ gallons ☐ pounds ☐ cubic yards

E. Predominately: ☐ organic ☐ inorganic

F. CHARACTERISTICS: Toxicity _____ (LD_{50}, LC_{50}, LDL_0) pH _____
Solubility _____ (g/100g H_2O) Corrosion _____ (mm/yr)
Flash Point _____ °C Reactive Waste? ☐ Yes ☐ No

G. DESCRIPTION (major components): _____

H. IS THIS A HAZARDOUS WASTE AS DEFINED BY THE U.S. EPA? ☐ YES ☐ NO

I. NUMBER OF OFF-SITE WASTE SHIPMENTS PER MONTH: _____

J. ☐ **ON-SITE WASTE MANAGEMENT –**
FACILITY USE: ☐ Storage ☐ Treatment ☐ Recovery ☐ Disposal

K. FACILITY DESCRIPTION: (indicate Type, Size, Capacity)
1202:11

TEXAS EASTERN
Transmission Corporation

WILLARD T. YOUNG
MANAGER
ENVIRONMENTAL CONTROL
ENGINEERING SERVICES DIVISION

July 14, 1981
OUR REF: 376-81

Mr. Terry Tillman
Texas Department of Water Resources
Solid Waste Section
P. O. Box 13087, Capitol Station
Austin, TX 78711

Dear Mr. Tillman:

Please find attached an Industrial Solid Waste Management Inventory form for our Transwestern WT-II facility.

If there are any questions concerning this submittal, please call Anita Cuevas at 713/759-5318.

Very truly yours,

Willard T. Young
Manager, Environmental Protection

ANC/jc
Attachments

bcc: Stirling Dougherty - w/attachments
Dr. D. H. France
Richard Kruse
W. G. Marks
George Moe
Gerald Walker - w/attachments

1202012

C 7-16-81
A-R44.0502D
10/16/81

PART I : GENERAL INFORMATION

A. Does your firm generate Industrial Solid Waste(s) as defined in [redacted] TDWR Rules [redacted]

☒ Yes ☐ No

B. Company Name: Transwestern Pipeline Company - WT-II Station

Plant - P.O. Box: P. O. Box 1059	Kermit,	Texas	79745
P.O. Box	City	State	Zip
Plant - Street Address: from Kermit: W on Hwy 302 for 15 miles, turn right on Halley Ranch Road for 2 miles to the site	Kermit	Texas	79745
	City	State	Zip
Headquarters (if other than above): P. O. Box 2521	Houston,	Texas	77001
P.O. Box/Street	City	State	Zip

C. Give the location of any disposal site(s) controlled by your firm other than plant or manufacturing site listed in Section B above:

1. Puckett Plant	Fort Stockton	Pecos	Texas	79735
Location	City	County	State	Zip
2. Keystone Plant	Kermit	Winkler	Texas	79745
Location	City	County	State	Zip
3.				
Location	City	County	State	Zip

D. Number of persons employed: 3

E. Person to be contacted regarding solid waste management:

Willard T. Young	Manager, Environmental Protection	Phone: 713-759-5355	
Name	Title	Area Code	Telephone Number

F. Give numbers of any TDWR permits, orders, etc. held, or applied for, by your firm (specify type):

Applications filed - numbers not received yet

G. Nature of business and/or description of products manufactured: Natural Gas Transmission

H. I certify the information herein is complete and accurate to the best of my knowledge:

Willard T. Young
Signature

6/30/81
Date

1202013

PART II : WASTE INVENTORY

WASTE DESCRIPTION

A. WASTE NO. 1 **OF** 3 **B. SIC CODE (if known)** 4922

C. FORM: (check one)
- ☐ Solid
- ☒ Liquid
- ☐ Gas
- ☐ Sludge/Slurry _____ % solid

D. Quantity generated per month: 580 (estimated)
☒ gallons ☐ pounds ☐ cubic yards

E. Predominately: ☒ organic ☐ inorganic

F. CHARACTERISTICS: Toxicity NA (LD_{50}, LC_{50}, LDL_0) pH 7.2
Solubility NA (g/100g H_2O) Corrosion NA (mm/yr)
Flash Point 85 °C Reactive Waste? ☐ Yes ☒ No

G. DESCRIPTION (major components): gas pipeline condensate containing heavy metal

H. IS THIS A HAZARDOUS WASTE AS DEFINED BY THE U.S. EPA? ☒ YES ☐ NO

DISPOSITION

I. NUMBER OF OFF-SITE WASTE SHIPMENTS ~~PER MONTH~~ quarterly

J. ☐ **ON-SITE WASTE MANAGEMENT** – NA
FACILITY USE: ☐ Storage ☐ Treatment ☐ Recovery ☐ Disposal

K. FACILITY DESCRIPTION: (indicate Type, Size, Capacity)
concrete underground tank (60'l x 60'w x 5'd) is used to accumulate the waste for off-site disposal.

WASTE DESCRIPTION

A. WASTE NO. 2 **OF** 3 **B. SIC CODE (if known)** 4922

C. FORM: (check one)
- ☐ Solid
- ☒ Liquid
- ☐ Gas
- ☐ Sludge/Slurry _____ % solid

D. Quantity generated per month: 400 (estimated)
☒ gallons ☐ pounds ☐ cubic yards

E. Predominately: ☐ organic ☒ inorganic

F. CHARACTERISTICS: Toxicity NA (LD_{50}, LC_{50}, LDL_0) pH 4.2
Solubility NA (g/100g H_2O) Corrosion NA (mm/yr)
Flash Point NA °C Reactive Waste? ☐ Yes ☒ No

G. DESCRIPTION (major components): engine room wash water

H. IS THIS A HAZARDOUS WASTE AS DEFINED BY THE U.S. EPA? ☐ YES ☒ NO

DISPOSITION

I. NUMBER OF OFF-SITE WASTE SHIPMENTS PER MONTH: none

J. ☒ **ON-SITE WASTE MANAGEMENT –**
FACILITY USE: ☒ Storage ☐ Treatment ☐ Recovery ☐ Disposal

K. FACILITY DESCRIPTION: (indicate Type, Size, Capacity)
earthen evaporation impoundment 65'l x 60'w x 5'd

WASTE DESCRIPTION

A. WASTE NO. 3 **OF** 3 **B. SIC CODE (if known)** 4922

C. FORM: (check one)
- ☒ Solid
- ☐ Liquid
- ☐ Gas
- ☐ Sludge/Slurry _____ % solid

D. Quantity generated per month: 300 (estimated)
☐ gallons ☒ pounds ☐ cubic yards

E. Predominately: ☐ organic ☒ inorganic

F. CHARACTERISTICS: Toxicity NA (LD_{50}, LC_{50}, LDL_0) pH NA
Solubility NA (g/100g H_2O) Corrosion NA (mm/yr)
Flash Point NA °C Reactive Waste? ☐ Yes ☒ No

G. DESCRIPTION (major components): trash, filters

H. IS THIS A HAZARDOUS WASTE AS DEFINED BY THE U.S. EPA? ☐ YES ☒ NO

DISPOSITION

I. NUMBER OF OFF-SITE WASTE SHIPMENTS PER MONTH: none

J. ☒ **ON-SITE WASTE MANAGEMENT –**
FACILITY USE: ☐ Storage ☐ Treatment ☐ Recovery ☒ Disposal

K. FACILITY DESCRIPTION: (indicate Type, Size, Capacity)
landfill 6'w x 20'l x 5'd

1202014

TRANSWESTERN
Pipeline Company
A TEXAS EASTERN COMPANY

F. L. COHAGAN
VICE PRESIDENT

May 21, 1981

Mr. Greville L. Way, Chief Gas Engineer
Public Utilities Commission, California
California State Building
San Francisco, California 94102

Dear Mr. Way:

This is to acknowledge receipt of your letter dated May 13, 1981 concerning sampling of pipeline liquids for possible PCB content.

Since the reported occurrence in the New York City area, Transwestern has participated in several joint meetings with Federal Environmental Protection Agency (USEPA), Federal Energy Regulatory Commission, Interstate Natural Gas Association of America (INGAA), and other interstate gas transmission companies concerning the possibility of PCB's in pipeline liquids. Transwestern is actively participating in a national sampling program utilizing standardized procedures and a quality assurance program established by USEPA.

Transwestern's program does include sampling of liquids from our gas pipelines entering the State of California. Results of these samples will be made to USEPA for correlation with data from other gas companies, including distribution companies. Should results indicate a need, I am sure additional samples will be taken.

We understand from this extensive and comprehensive nation-wide program, managed by the USEPA, results are expected to be obtained that will satisfy your desires for information concerning PCB's as it relates to the State of California.

Very truly yours,

F. L. Cohagan

bcc: Messrs. B. C. Andrews
L. H. Clark
J. D. Head
H. H. King
R. E. Moore's Office
J. T. Verkler
F. Wichlep
J. C. Williams
W. T. Young
G. H. Ewing

1202015

P.O. BOX 2521 HOUSTON, TEXAS 77001 (713) 759-4437

ADDRESS ALL COMMUNICATIONS
TO THE COMMISSION
CALIFORNIA STATE BUILDING
SAN FRANCISCO, CALIFORNIA 94102
TELEPHONE (415) 557-1938

Public Utilities Commission

STATE OF CALIFORNIA

FILE NO 441

May 13, 1981

Transwestern Pipeline Company
P. O. Box 2521
Houston, Texas 77001

Attention: George H. Ewing
President and Chief Executive Officer

Gentlemen:

Since the discovery of polychlorinated biphenyls (PCB) in January 1981, in the New York City area, natural gas pipeline companies and gas distribution utilities have coordinated with various governmental agencies in an effort to determine the severity and source of the problem.

We have received the test results of the condensate sampling conducted by El Paso Natural Gas Company and a map showing the location of the sampling points.

Will you please send us a copy of the test results obtained from your sampling program, and a system map showing the sampling locations. If you have not already done so, we would like to share the information with your California customer, Pacific Lighting Service Company. If you have questions concerning this matter, please call T. W. White at (415) 557-1938.

Very truly yours,

Greville L. Way

Greville L. Way
Chief Gas Engineer

1202016

Do not make entries in shaded areas

OMB #: 2050-0024 Expires: 5-31-88

IVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1985

This report is for the calendar year ending December 31, 1985
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1985 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

(1) Non-handler
2 Small Quantity Generator
4 Exempt
5 Beneficial Use
9 Out of Business

Please print/type with elite type (12 characters per inch)

II. GENERATOR'S EPA I.D. NUMBER

T/A C

F	N	M	T	3	6	0	0	1	0	5	7	3		T
1	2											13	14	15

This Installation's Non-Regulated Status is Expected to Apply:

☒ For 1985 Only ☐ Permanently

☐ Other _____

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF ESTABLISHMENT

S	T	A	T	E	O	N		B	E	R	A	N	S	W	E	S	T	E	R	N		P	I	P	E	L	I	N	E		C	O				
30																																				69

IV. ESTABLISHMENT MAILING ADDRESS

3	P	.	O	.		B	O	X		1	1	8	8																									
15	16																																					45

Street or P.O. Box

4	H	O	U	S	T	O	N																	T	X	7	7	0	0	1								
15	16																							41	42	47				51								

City or Town — State — Zip Code

V. LOCATION OF ESTABLISHMENT (if different than section IV above)

5	P	1	.	O	.		B	O	K		5	2	7																									
15	16																																					45

Street or Route number

6	C	A	P	I	T	A	N																	N	M	8	8	3	1	8								
15	16																							41	42	47				51								

City or Town — State — Zip Code

VI. ESTABLISHMENT CONTACT

2	B	A	Y	S	,		D	A	V	I	D																											
15	16																																					45

Name (last and first)

7	1	3	—	6	5	4	—	6	1	0	9																											
46										55																														

Phone No. (area code & no.)

1202017

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

David Bays, Mgr. Codes & Environment	David Bays	2/11/86
Print/Type Name — Title	Signature	Date Signed

EPA Form 8700-13A(5-80) (Revised 11-85)

Page 1 of ____

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(VIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1985

This report is for the calendar year ending December 31, 1985
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1985 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

- (1) Non-handler (circled)
- 2 Small Quantity Generator
- 4 Exempt
- 5 Beneficial Use
- 9 Out of Business

Please print/type with elite type (12 characters per inch)

This Installation's Non-Regulated Status is Expected to Apply:

☒ For 1985 Only ☐ Permanently

☐ Other________

II. GENERATOR'S EPA I.D. NUMBER

T/A C

F N M D 0 0 0 7 2 9 0 5 3 [ ] T

1 2 13 14 15

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF ESTABLISHMENT

S T A T I O N 7 T R A S N W E S T E R N P I P E L I N E C O

30 69

IV. ESTABLISHMENT MAILING ADDRESS

3 P . O . B O X 1 1 8 8

15 16 45

Street or P.O. Box

4 H O U S T O N T X 7 7 0 0 1

15 16 41 42 47 51

City or Town State Zip Code

V. LOCATION OF ESTABLISHMENT (if different than section IV above)

5 P . O . B O X N

15 16 45

Street or Route number

6 M O U N T A I N A I R N M 8 7 0 3 6

15 16 41 42 47 51

City or Town State Zip Code

VI. ESTABLISHMENT CONTACT

2 B A Y S , D A V I D

15 16 45

Name (last and first)

7 1 3 — 6 5 4 — 6 1 0 9

46 55

Phone No. (area code & no.) 1202018

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

David Bays, Mgr. Codes & Environment David Bays 2/11/86

Print/Type Name Title Signature Date Signed

Do not make entries in shaded areas

OMB #: 2050-0024 Expires: 5-31-88

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1985

This report is for the calendar year ending December 31, 1985
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1985 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

(1) Non-handler
2 Small Quantity Generator
4 Exempt
5 Beneficial Use
9 Out of Business

Please print/type with elite type (12 characters per inch)

This Installation's Non-Regulated Status is Expected to Apply:

☒ For 1985 Only ☐ Permanently

☐ Other_____

II. GENERATOR'S EPA I.D. NUMBER

T/A C

F	N	M	D	0	0	0	7	2	9	0	0	4		T
1	2											13	14	15

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF ESTABLISHMENT

STA. 6 TRANSWESTERN PIPELINE CO

30 69

IV. ESTABLISHMENT MAILING ADDRESS

3 P. O. BOX 1188

15 16 45

Street or P.O. Box

4 HOUSTON TX 77001

15 16 41 42 47 51

City or Town State Zip Code

V. LOCATION OF ESTABLISHMENT (if different than section IV above)

5 P. O. BOX 61

15 16 45

Street or Route number

6 LAGUNA NM 87026

15 16 41 42 47 51

City or Town State Zip Code

VI. ESTABLISHMENT CONTACT

2 BAYS, DAVID

15 16 45

Name (last and first)

713-654-6109

46 55

Phone No. (area code & no.)

1202019

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

David Bays, Mgr. Codes & Environment David Bays 2/11/86

Print/Type Name Title Signature Date Signed

EPA Form 8700-13A(5-80) (Revised 11-85)

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Do not make entries in shaded areas

OMB #: 2050-0024 Expires: 5-31-88

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1985

This report is for the calendar year ending December 31, 1985
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1985 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

(1) Non-handler
2 Small Quantity Generator
4 Exempt
5 Beneficial Use
9 Out of Business

Please print/type with elite type (12 characters per inch)

This Installation's Non-Regulated Status is Expected to Apply:

☒ For 1985 Only ☐ Permanently

☐ Other_____

II. GENERATOR'S EPA I.D. NUMBER

T/A C

F	N	M	D	0	9	4	1	3	9	5	9	9		1
1	2											13	14	15

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF ESTABLISHMENT

S	T	A	T	I	O	N		5		T	R	A	N	S	W	E	S	T	E	R	N		P	I	P	E	L	I	N	E		C	O					
30																																								69

IV. ESTABLISHMENT MAILING ADDRESS

3	P	.	O	.		B	O	X		1	1	8	8																												
15	16																																							45	

Street or P.O. Box

4	H	O	U	S	T	O	N																								T	X	7	7	0	0	1		
15	16																														41	42	47					51		

City or Town — State — Zip Code

V. LOCATION OF ESTABLISHMENT (if different than section IV above)

5	P	.	O	.		B	O	X		1	0	1	9																												
15	16																																							45	

Street or Route number

6	T	H	O	R	E	A	U																								N	M	8	7	3	2	3		
15	16																														41	42	47					51		

City or Town — State — Zip Code

VI. ESTABLISHMENT CONTACT

2	B	A	Y	S			D	A	V	I	D																														
15	16																																							45	

Name (last and first)

7	1	3		6	6	4		6	1	0	0																														
46											55																															

Phone No. (area code & no.)

1202020

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

David Bays, Mgr. Codes & Environment	David Bays	2/11/86
Print/Type Name — Title	Signature	Date Signed

EPA Form 8700-13A(5-80) (Revised 11-85)

Page 1 of ____

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HAZARDOUS WASTE GENERATOR AND TSD REPORT

(1) **FACILITY NAME:** Transwestern Pipeline Company
Station No. 4

(2) **LOCATION:** P. O. Box 517
Sanders, AZ 86512
25 miles North of Chanbers, AZ on highway 63

(3) **MAILING ADDRESS:**
P. O. Box 512
Sanders, AZ 86512

(4) **COUNTY:**
Navajo Indian Reservation

(5) **EPA IDENTIFICATION NUMBER:**
AZT000624593

(6) **FACILITY TYPE:**

(7) **ANNUAL REPORT YEAR:**
1985

(8) **CONTACT:**
NAME: David Bays
TELEPHONE NUMBER: (713) 654-6109

(9) **REVISED CLOSING COSTS:**

(10) **REVISED POST-CLOSURE COSTS:**

(11) **CERTIFICATION:** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and based on my inquiry of the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

1202021

SIGNATURE/DATE: David Bays 2/11/86

NAME/TITLE: David Bays, Manager
Codes & Environment

(12) WASTE, PHYSICAL DESCRIPTION, AND CONCENTRATION					(13) GENERATED ON-SITE	
Chemical Name or Description	EPA Waste No.	Physical Description	Conc.		Amount	Units
			mg/l	%		
No Activity						

12/2022

HAZARDOUS WASTE GENERATOR AND TSD REPORT

(1) **FACILITY NAME:** Transwestern Pipeline Co.
Station No. 2

(2) **LOCATION:** T22N, R5E
Section 16,A73

(3) **MAILING ADDRESS:** P.O. Box 370
Flagstaff, AZ 86001

(4) **COUNTY:** Coconino

(5) **EPA IDENTIFICATION NUMBER:** AZT050010768

(6) **FACILITY TYPE:**

(7) **ANNUAL REPORT YEAR:** 1985

(8) **CONTACT:**
NAME: David Bays
TELEPHONE NUMBER: (713) 654-6109

(9) **REVISED CLOSING COSTS:**

(10) **REVISED POST-CLOSURE COSTS:**

(11) **CERTIFICATION:** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and based on my inquiry of the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE/DATE: David Bays 2/11/86

NAME/TITLE: David Bays, Manager
Codes and Environment

1202023

(12) WASTE, PHYSICAL DESCRIPTION, AND CONCENTRATION					(13) GENERATED ON-SITE	
Chemical Name or Description	EPA Waste No.	Physical Description	Conc.		Amount	Units
			mg/l	%		
No Activity						

12/20/24

HAZARDOUS WASTE GENERATOR AND TSD REPORT

(1) **FACILITY NAME:** Transwestern Pipeline Co.
Station No. 1

(2) **LOCATION:**

(3) **MAILING ADDRESS:** P.O. Box 3757
Kingman, AZ 86401

(4) **COUNTY:** Mohave

(5) **EPA IDENTIFICATION NUMBER:**
AZT050010784

(6) **FACILITY TYPE:**

(7) **ANNUAL REPORT YEAR:**
1985

(8) **CONTACT:**
NAME: David Bays
TELEPHONE NUMBER: (713) 654-6109

(9) **REVISED CLOSING COSTS:**

(10) **REVISED POST-CLOSURE COSTS:**

(11) **CERTIFICATION:** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and based on my inquiry of the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

1202025

SIGNATURE/DATE: David Bays 2/11/86

NAME/TITLE: David Bays, Manager
Codes and Environment

(12) WASTE, PHYSICAL DESCRIPTION, AND CONCENTRATION					(13) GENERATED ON-SITE	
Chemical Name or Description	EPA Waste No.	Physical Description	Conc. mg/l	Conc. %	Amount	Units
No Activity						

1202026

HAZARDOUS WASTE GENERATOR AND TSD REPORT

(1) **FACILITY NAME:** Transwestern Pipeline Co.
Station No. 3

(2) **LOCATION:** T22N; R14E; Coconino Co.; A40
Navajo Indian Reservation; Luepp, AZ

(3) **MAILING ADDRESS:** Rural 61
Luepp, AZ 86047

(4) **COUNTY:**
Navajo Indian Reservation

(5) **EPA IDENTIFICATION NUMBER:**
AZT050010750

(6) **FACILITY TYPE:**

(7) **ANNUAL REPORT YEAR:**
1985

(8) **CONTACT:**
NAME: David Bays
TELEPHONE NUMBER: (713) 654-6109

(9) **REVISED CLOSING COSTS:**

(10) **REVISED POST-CLOSURE COSTS:**

(11) **CERTIFICATION:** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and based on my inquiry of the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

1202027

SIGNATURE/DATE: David Bays 2/11/86

NAME/TITLE: David Bays, Manager
Codes & Environment

(12) WASTE, PHYSICAL DESCRIPTION, AND CONCENTRATION					(13) GENERATED ON-SITE	
Chemical Name or Description	EPA Waste No.	Physical Description	Conc. mg/l	Conc. %	Amount	Units
No Activity						

1202.28

HAZARDOUS WASTE GENERATOR AND TSD REPORT

(1) **FACILITY NAME:** Transwestern Pipeline Co.
Needles Measurement Station

(2) **LOCATION:**
5 Miles North of Needles

(3) **MAILING ADDRESS:**
P.O. Box 5117
Mohave Valley, Az 86440

(4) **COUNTY:**
Mohave

(5) **EPA IDENTIFICATION NUMBER:**
AZT050010776

(6) **FACILITY TYPE:**

(7) **ANNUAL REPORT YEAR:**
1985

(8) **CONTACT:**
NAME: David Bays
TELEPHONE NUMBER: (713) 654-6109

(9) **REVISED CLOSING COSTS:**

(10) **REVISED POST-CLOSURE COSTS:**

(11) **CERTIFICATION:** I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and based on my inquiry of the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

1202029

SIGNATURE/DATE: David Bays 2/11/86

NAME/TITLE: David Bays, Manager
Codes and Environment

(12) WASTE, PHYSICAL DESCRIPTION, AND CONCENTRATION					(13) GENERATED ON-SITE	
Chemical Name or Description	EPA Waste No.	Physical Description	Conc. mg/l	Conc. %	Amount	Units
No Activity						

1202030

TRANSWESTERN
A SUBSIDIARY OF HOUSTON NATURAL GAS

TRANSWESTERN
PIPELINE COMPANY
P.O. Box 1188
Houston, Texas 77001
(713) 654-6161

April 21, 1986

U. S. EPA, Region 9
215 Fremont Street
San Francisco, CA 94105

Attn: T-2-1

Dear Sirs:

Please find attached the waste minimization statements for the following Transwestern Pipeline Co. facilities:

Needles Measurement Station
Compressor Station No. 1
Compressor Station No. 2
Compressor Station No. 3
Compressor Station No. 4.

These facilities are all Transwestern location within Arizona.

If any further information is required, please call me at (713) 654-6109, or at the address above.

Sincerely yours,

David Bays

David Bays
Manager
Codes & Environment

xc; Mr. J. D. Harp
Mr. L. G. Langston
file

1202131

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

Date rec'd: _____ Rec'd by: _____

XV. GENERATOR'S EPA I.D. NO.

T/A C

C	A	Z	T	0	5	0	0	1	0	7	7	6	N	T
1	2											13	14	15

XVI. WASTE MINIMIZATION (narrative description)

Transwestern Pipeline Co.
Needles Measurement Station
P. O. Box 5117
Mohave Valley, AZ 86440

There is presently no waste regulated under RCRA generated, stored, or disposed of at this location.

This facility does generate waste (PCB contaminated pipeline liquids) which is regulated under 40 CFR §761 as authorized by ToSCA. All PCB contaminated liquids are shipped off site for incineration as prescribed in 40 CFR §761.60.

The on-going program of pipeline cleaning and maintenance has reduced the average PCB concentration in the liquids to below 200 ppm.

1202[illegible]2

Tear out here

Do not make entries in shaded areas

IVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

Date rec'd: ________ Rec'd by: ________

XV. GENERATOR'S EPA I.D. NO.

T/A C

C | A Z T 0 5 0 0 1 0 7 8 1 | A 1

1 2 13 14 15

XVI. WASTE MINIMIZATION (narrative description)

Transwestern Pipeline Co.
Compressor Station No. 1
P. O. Box 3757
Kingman, AZ 86401

There is presently no waste regulated under RCRA generated, stored, or disposed of at this location.

This facility does generate waste (PCB contaminated pipeline liquids) which is regulated under 40 CFR §761 as authorized by ToSCA. All PCB contaminated liquids are shipped off site for incineration as prescribed in 40 CFR §761.60.

The on-going program of pipeline cleaning and maintenance has reduced the average PCB concentration in the liquids to below 200 ppm.

1202033

Tear out here

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

Date rec'd _____ Rec'd by _____

XV. GENERATOR'S EPA I.D. NO.

T/A C

1	2											13	14	15
A	Z	R	0	5	0	0	4	0	7	6	8	A	T	

XVI. WASTE MINIMIZATION (narrative description)

Transwestern Pipeline Co.
Compressor Station No. 2
P. O. Box 370
Flagstaff, AZ 86001

There is presently no waste regulated under RCRA generated, stored, or disposed of at this location.

This facility does generate waste (PCB contaminated pipeline liquids) which is regulated under 40 CFR §761 as authorized by ToSCA. All PCB contaminated liquids are shipped off site for incineration as prescribed in 40 CFR §761.60.

The on-going program of pipeline cleaning and maintenance has reduced the average PCB concentration in the liquids to below 200 ppm.

120203

Tear out here

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

Date rec'd: _____ Rec'd by: _____

XV. GENERATOR'S EPA I.D. NO.

1	2											13	T/A C 14	15
C	A	Z	T	0	5	0	0	1	0	7	5	0	A	T

XVI. WASTE MINIMIZATION (narrative description)

Transwestern Pipeline Co.
Compressor Station No. 3
P. O. Box Rural 61
Winslow, AZ 86047

There is presently no waste regulated under RCRA generated, stored, or disposed of at this location.

This facility does generate waste (PCB contaminated pipeline liquids) which is regulated under 40 CFR §761 as authorized by ToSCA. All PCB contaminated liquids are shipped off site for incineration as prescribed in 40 CFR §761.60.

The on-going program of pipeline cleaning and maintenance has reduced the average PCB concentration in the liquids to below 200 ppm.

1202035

Tear out here

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

Date rec'd _____ Rec'd by _____

XV. GENERATOR'S EPA I.D. NO.

T/A C

1	2											13	14	15
C	A	Z	T	0	0	0	6	2	4	5	9	3	T	T

XVI. WASTE MINIMIZATION (narrative description)

Transwestern Pipeline Co.
Compressor Station No. 4
P. O. Box 517
Sanders, AZ 86512

There is presently no waste regulated under RCRA generated, stored, or disposed of at this location.

This facility does generate waste (PCB contaminated pipeline liquids) which is regulated under 40 CFR §761 as authorized by ToSCA. All PCB contaminated liquids are shipped off site for incineration as prescribed in 40 CFR §761.60.

The on-going program of pipeline cleaning and maintenance has reduced the average PCB concentration in the liquids to below 200 ppm.

1202036

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ATTACHMENT 7.1

U.S. EPA Guidelines

For Sampling Pipeline PCBs

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

DEC 7 1981

OFFICE OF
PESTICIDES AND TOXIC SUBSTANCES

F. L. Cohagan
Vice President
Texas Eastern Gas Pipeline Company
P.O. Box 2521
Houston, Texas 77001

Dear Mr. Cohagan:

In my letter to you of November 9, 1981, I mentioned that a suggested monitoring plan for transmission companies implementing remedial measures would be forwarded to you. A copy of this suggested monitoring plan is enclosed.

It is suggested that you adapt this plan to meet the needs of your company's specific PCB contamination problem and remedial measures program. Please keep the Agency informed of your remedial activities and the results of your monitoring. Correspondence concerning these matters should be addressed to:

John S. Seitz, (EN-342)
Environmental Protection Agency
401 M Street, S.W.
Washington, D.C. 20460

As remedial and monitoring programs are implemented, EPA will continue to work closely with each transmission company to determine the need for: modifications to remedial programs, continued monitoring, or curtailment of monitoring activities when contamination problems are solved.

Thank you for your cooperation in this matter. If you have any questions concerning monitoring, please contact John Seitz at 202-472-3701.

Sincerely yours,

A. E. Conroy II

n

A. E. Conroy II, Director
Pesticides and Toxic Substances
Enforcement Division

Enclosure

1202038

SUGGESTED TRANSMISSION COMPANY REMEDIAL MONITORING

I. BACKGROUND

Earlier this year, several natural gas transmission companies which participated in the EPA/gas industry cooperative sampling program identified PCB levels at or greater than 50 ppm in condensate from portions of their systems. These companies have instituted remedial programs to rectify this contamination problem. This document sets forth a suggested monitoring program which will supply information needed by the companies and EPA to determine the success of the remedial efforts.

In summary the suggested monitoring consists of: condensate sampling at key locations where gas is purchased and sold, and at major condensate collection points along the transmission line; tracking the volume of condensate collected at these key locations; and limited gas stream sampling at major sales points.

The Agency is aware that each company's situation is unique due to system design, system operation practices, PCB contamination situation, and remedial plans. However, because of the interrelation of the various companies involved, it is important for EPA to monitor the situation with data that is as uniform as possible. For these reasons, each company should adapt this monitoring plan to their individual situation, while still following the essential outline of this plan as closely as possible.

The details of this suggested monitoring program are explained below.

II. CONDENSATE SAMPLING

In order to closely track PCB contamination levels at certain key locations, condensate samples should be collected at the points outlined below.

1) The three locations on the contaminated portion of the system where the largest volume of gas is supplied to distribution companies. It is suggested that, in

addition to these three sales points, an additional sample be collected at one utility sales point in each state supplied by a contaminated portion of your system. One control sample should also be collected at a distribution supply location on a section of your system which is not contaminated.

2) Three points on the contaminated portion of the system where gas is supplied to other transmission companies.

3) Three condensate collection points within the contaminated portion of the system (excluding sales and interchange points) where large volumes of condensate are normally found.

4) Three locations where gas is purchased from another transmission company, particularly sites which are a potential source of PCBs entering your system.

5) One point where gas is received from an underground storage field on the contaminated portion of your system.

6) One location downstream and upstream of points where new equipment such as filter/separators, scrubbers, drips etc. are installed as part of your remedial effort. Additionally, condensate sampling should be conducted before and after other remedial steps such as pigging are carried out.

Reference to sampling locations, points, or sites refers to geographic location. If two or more lines operate in parallel at one of the geographic locations selected for sampling, each line should be sampled at that location.

This sampling should begin in January 1982 and continue until March 1983. It is suggested that condensate samples should be collected monthly during periods of high flow volume and quarterly during periods of low flow. Suggested sampling dates are outlined in Part VI below. To facilitate analysis and discussion of the data, it is suggested that condensate sampling results should be reported in the format of Appendix I.

1202040

III. CONDENSATE REMOVAL

Those transmission companies with PCB contaminated lines are systematically removing contaminated pipeline liquids as part of their remedial programs. Each company should submit information, according to the schedule found in Part VI below, showing the volume of PCB contaminated liquids collected during each reporting period. It is suggested that this information be submitted in the format of Appendix II. Specifically the following information is requested:

- o The volume of condensate collected from those points chosen for monitoring in Part II above.
- o The total volume of condensate collected from the contaminated portion of the system having a PCB concentration of 50 to 500 ppm (based on previous testing or tests on the specific liquids involved).
- o The total volume of condensate collected from the contaminated portion of the system having a PCB concentration of 500 ppm or greater (based on previous testing or tests on the specific liquids involved).

This information will be used to assess the magnitude of the contamination and trends indicating improvement.

IV. GAS STREAM SAMPLING

Gas stream sampling should be conducted at the three major sales points selected for condensate sampling in Part II, number 1, above. One gas sample at each of these points should be collected in February 1982, June 1982, September 1982, and February 1983. These samples should be collected in conjunction with condensate samples. Gas stream samples should be collected using the June 1981, "Method to Measure PCBs in Natural Gas Pipelines", EPA 600/4-81-048 (method section pages A-1 through A-16). Questions concerning the technical aspects of gas stream sampling should be addressed to Michael Wood, PTSED, 202-472-3701, or Dr. William Mitchell, ORD, 919-541-2769. It is suggested that the gas sampling results be reported in the format of Appendix III.

These results will be used to determine the potential movement of PCBs in the gas stream under the present contamination situation and as the contamination levels are reduced.

V. QUALITY ASSURANCE - TECHNICAL ASSISTANCE

In order to determine the accuracy of sample analyses, the Agency will make available two 'check' samples of pipeline condensate containing a known quantity of PCBs for analysis by laboratories utilized during this program. These samples will be prepared and distributed by the National Enforcement Investigations Center (NEIC) in Denver, Colorado.

EPA will notify you prior to the check samples being sent to the laboratory. The laboratory will also be notified directly by NEIC prior to shipment of the samples. Questions and analytical results should be addressed directly to NEIC. NEIC will tabulate and analyze the results and provide this information to the individual laboratories and to EPA headquarters. EPA headquarters will inform each transmission company of the results for the laboratories they are using.

EPA will also provide technical assistance for questions relating to sample analyses. The EPA technical contact is Dean Hill of NEIC. Dean may be contacted at 303-234-3751. Requests for split analyses of problem samples should be referred directly to Mr. Hill.

VI. SUBMISSION OF INFORMATION

Each company should develop an initial report outlining their specific sampling plan. This should include:

- A list of the exact location of the sampling sites including type of sampling point, i.e. a drip or scrubber, etc., and the category under which the point falls in Part II above.
- A list of condensate collection points for reporting under Part III above, if condensate is not removed at the exact location where samples will be collected. This list would be needed, for example, in cases where the sampling point is a valve and the condensate from that portion of the line is removed at a drip three miles upstream.

- A system map indicating the location of sampling points (Part II) and condensate collection points (Part III).
- The name, address, and contact person at each laboratory used.

It is requested that this information be submitted to EPA by January 12, 1982.

It is also requested that monitoring reports be submitted according to the following schedule:

Report Date	For Samples Collected During
January 15, 1982	December 1981
April 15, 1982	January - March 1982
July 15, 1982	June 1982
October 15, 1982	September 1982
January 15, 1983	October - December 1982
April 15, 1983	January - March 1983

It is suggested that monitoring reports should be submitted in the formats of Appendices I - III which are attached. The reports should be prefaced with a short summary of ongoing remedial activities and any problems or unique situations you feel the Agency should be aware of.

APPENDIX I - SUGGESTED FORMAT FOR REPORTING CONDENSATE SAMPLING RESULTS

COMPANY:

DATE OF REPORT:

LOCATION	CATEGORY*	SAMPLING DATE	NUMBER	VOLUME	RESULTS	ANALYTICAL AROCLOR	COMMENTS	LABORATORY USED
				EXAMPLE				
BOISE, ID	1	12/15/81	A-1	40 ml	104 ppm	1242	104% Recovery	Joe's Lab
BOISE, ID	1	1/11/82	A-2	50 ml	97 ppm	1242	97% Recovery	Smith Lab
XYZ, OR	4	12/10/81	A-3	100 ml	1,000 ppm	1221		Smith Lab
XYZ, OR	4	12/10/81	A-4	100 ml	590 ppm	1242		Smith Lab
XYZ, OR	4	1/20/82	A-5	30 ml	890 ppm	1221	110% Recovery	Joe's Lab
XYZ, OR	4	1/20/81	A-6	50 ml	410 ppm	1242		Joe's Lab

* CATEGORY - sampling site category from Part II.

APPENDIX II - SUGGESTED FORMAT FOR CONDENSATE COLLECTION REPORT

COMPANY:

DATE OF REPORT:

LOCATION	CATEGORY	DATE OF COLLECTION	VOLUME COLLECTED	PCB CONCENTRATION	DATE OF LAST SAMPLE	STORED AT	DISPOSED AT
				EXAMPLE			
BOISE, ID DRIP LINE #3	1	12/15/81	200 gallons	104 ppm - 1242	12/15/81	LINCOLN, MO	
BOISE, ID DRIP LINE # 3	1	1/20/82	130 gallons	97 ppm - 1242	1/11/81	LINCOLN, MO	
XYZ, OR COMPRESSOR STATION LINE #12	4	1/20/82	2,000 gallons	890 ppm - 1221	1/20/82		KV INCINERATOR
XYZ, OR COMPRESSOR LINE # 13	4	1/20/82	200 gallons	410 ppm - 1242	1/20/81		KV INCINERATOR

TOTAL LIQUIDS CONTAINING 50 TO 500 PPM PCBs REMOVED FROM PCB CONTAMINATED PORTION OF SYSTEM 12/81 - 1/82 : 15,000 gallons

TOTAL LIQUIDS CONTAINING 500 PPM OR GREATER PCBs REMOVED FROM PCB CONTAMINATED PORTION OF SYSTEM 12/81 - 1/82 : 5,000 gallons

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

OCT 7 1982

OFFICE OF
PESTICIDES AND TOXIC SUBSTANCES

Mr. F. L. Cohagan
Vice President
Texas Eastern Gas Pipeline Company
P. O. Box 2521
Houston, TX 77001

Dear Mr. Cohagan:

As part of the remedial monitoring program for interstate natural gas pipeline cleanup activities, two PCB quality control check samples were sent to the laboratories identified in your remedial plan. The results of your laboratories' performance is enclosed.

This enclosure also includes a summary of results from all laboratories analyzing pipeline condensate under the remedial measures program. As is evident from this summary, there was a wide variation in results. This may be attributed to variations in analytical methods, quality control problems, and questions relating to interpretation of chromatograms. As levels of PCBs in the pipelines are reduced through remedial efforts, it is imperative that analytical results be as accurate as possible. Therefore, continued emphasis should be placed on quality assurance. To assist you in this effort, a Quality Assurance (QA) Program for remedial monitoring is enclosed. This QA document supercedes the February 1981 QA Program which had been distributed by EPA and INGAA. The revised QA Program should be implemented by your laboratory as soon as possible.

Quality control data specified in the QA Program, including results of reagent blanks, spiked recovery, and duplicates should be submitted along with your quarterly monitoring data. It is also recommended that the chromatograms and calculations be maintained for future reference should questions arise concerning the monitoring data.

If you have any questions concerning this information, please contact Michael Wood at 202-755-4650.

Sincerely yours,

A. E. Conroy II, Director
Pesticides and Toxic Substances
Enforcement Division

Enclosures

1202047

QUALITY ASSURANCE PROGRAM FOR LABORATORIES ANALYZING PIPELINE CONDENSATE AS PART OF THE EPA/NATURAL GAS INDUSTRY COOPERATIVE MONITORING PROGRAM

BACKGROUND

This document is a revision of the Quality Assurance Program distributed to companies which participated in the initial monitoring of natural gas pipeline condensate to determine the extent and magnitude of PCB contamination. The previous guidelines were distributed to interstate transmission companies in February 1981, by EPA and INGAA. Recent results from the analysis of two EPA check samples supplied to laboratories used during the remedial measures monitoring program indicate the need for a continued emphasis on quality control by transmission companies and their laboratories. This revised QA program encompasses four features:

(1) Analytical methodology - method validation

(2) Individual laboratory QA programs

(3) On-going QC for sample analysis

(4) Technical assistance

ANALYTICAL METHODOLOGY - METHOD VALIDATION

EPA has supplied a method of analysis for use in analyzing pipeline condensate for PCBs. This method has proven successful for the identification and quantification of PCBs in a wide variety of pipeline condensates. The results from the recent EPA check sample program show that a wide variety of methodologies is currently being employed by laboratories now analyzing samples for gas transmission companies. In order to obtain comparable and useful results, the suggested method, "The Analysis of Polychlorinated Biphenyls in Transformer Fluid and Waste Oils", should be used for analysis of condensate samples. Use of this method, employing one or more of the cleanup steps contained in the method along with the additional sulfur cleanup step* as appropriate, will provide the transmission companies and EPA with the most accurate and precise results possible.

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* Sulfur clean up step developed by NEIC for this program.

The suggested method is restricted to use by, or under the supervision of, analysts experienced in the use of gas chromatography and in the interpretation of gas chromatograms (method section 1.3). Each analyst must also demonstrate the ability to generate acceptable results with this method by complying with the method quality control program found in section 10 of the method. Transmission companies should assure themselves that their laboratory complies with this requirement. Information on laboratory performance of these required steps should be included in reports of analyses received from the laboratory.

Except in rare instances, the suggested analytical method should be utilized. If a company or laboratory employs an alternate method of analysis, the alternate method must be validated. Information on validation requirements is available from EPA's National Enforcement Investigations Center Laboratory (see technical assistance below).

INDIVIDUAL LABORATORY QA PROGRAMS

As mentioned above, laboratories should perform the minimal QA program detailed in section 10 of the analytical method. Transmission companies should also be provided with individual laboratory QA programs informing them of the laboratory's standard QA procedures. If this information is not in writing, the transmission company should, at a minimum, have their chemists discuss the laboratory's QA program with the laboratory in question. Items covered in written QA plans or discussions with the laboratory should include:

- o A description of how samples and standards are received, transferred, and stored.
- o A description of instrument operation, calibration, and maintenance.
- o A description of preparation procedures for reagents, standards, and samples.
- o A description of analytical QC procedures used in day to day operation.

- o A description of the means used to minimize contamination of low level (less than 50 ppm) PCB samples from high level samples.
- o A description of how the above mentioned activities are supervised and monitored as to their performance within the laboratory.

ON GOING QC FOR SAMPLE ANALYSIS

The following represents the minimum QC steps to be taken for each batch of samples analyzed. These requirements correspond or exceed those required by section 10 of the analytical method.

1. A true duplicate (separate sample weighings) will be performed for at least one of every 20 samples or once per each batch if there are fewer than 20 samples in a batch.
2. Reagent blanks should be performed for at least each batch of samples analyzed or whenever a new container of reagent or solvent is utilized.
3. At least twenty percent of all samples should be spiked with the equivalent amount of PCBs quantified in the sample, and rechromatographed to demonstrate no loss of PCBs due to matrix effects or faulty chromatography. If some of the samples chosen for spiking show no detectable PCBs, they should be spiked with 10 ppm of Aroclor 1242 ~~and 1260 respectively.~~ Except for non-uniform samples, the acceptable range for percent recovery is 80 to 120 percent.

DELETE AROCLOR 1260 - HAS NOT BEEN FOUND IN LIQUIDS

4. Linearity of standard response should be established at least daily for PCBs of interest (Aroclor 1242 ~~and 1260~~). Standard response values should always bracket sample response.

QC reults for numbers 1 through 3 above should be reported with associated sample results. All chromatograms, calculations, and quality control data should also be maintained by the company or laboratory for future reference should questions concerning the validity of the data arise.

1202050

TECHNICAL ASSISTANCE

Technical assistance for questions relating to sample analysis, methodology, validation of alternate analytical methods, and quality control is available from EPA. EPA's technical contact is Dean Hill of the National Enforcement Investigations Center (NEIC), telephone 303 - 234 - 4661.

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

JUN 6 1983

OFFICE OF
PESTICIDES AND TOXIC SUBSTANCES

Mr. F. L. Cohagan
Vice President
Texas Eastern Gas Pipeline Company
Post Office Box 2521
Houston, Texas 77701

Dear Mr. Cohagan:

Over the past two years, your company has participated in the remedial program to reduce levels of PCBs present in your gas transmission pipelines. As part of this program, quarterly monitoring has been conducted to determine if PCB levels have been reduced in your system through removal of pipeline liquids and other remedial measures.

A review of your quarterly monitoring data indicates that your system continues to contain regulated levels of PCBs. Therefore, the Agency requests that you continue your monitoring efforts. However, you need submit data only semi-annually. Monitoring reports should be submitted on October 30th for the months of April through September and on April 30th for the months of October through March.

Monitoring and reporting under this program will continue until levels of PCBs in your system consistently remain below 50 parts per million. EPA will evaluate reports as they are received, and notify you when the determination is made that additional reporting is no longer required.

Your efforts over the past two years demonstrated how the public interest can be served by cooperation between industry and the government. The Agency would like to thank you for your past participation and continued cooperation. If you have any questions, please contact Mr. John S. Seitz, of my staff at 202-382-7835.

Sincerely yours,

A. E. Conroy II, Director
Compliance Monitoring Staff
Office of Pesticides and Toxic Substances

1202052

APPENDIX III - SUGGESTED FORMAT FOR GAS SAMPLING RESULTS

COMPANY:

SAMPLING LOCATION:

DATE OF SAMPLING:

SAMPLE NUMBER:

SAMPLE VOLUME: In liters of gas

ANALYTICAL RESULT: As ug/M^3 or ng/M^3

LIMIT OF DETECTION:

COMMENTS:

BLANK RESULT:

ASSOCIATED CONDENSATE SAMPLING RESULT:

TRANSWESTERN PIPELINE COMPANY
PCB REMEDIAL MONITORING PROGRAM
(REFERENCE EPA LETTER OF 12-4-81)

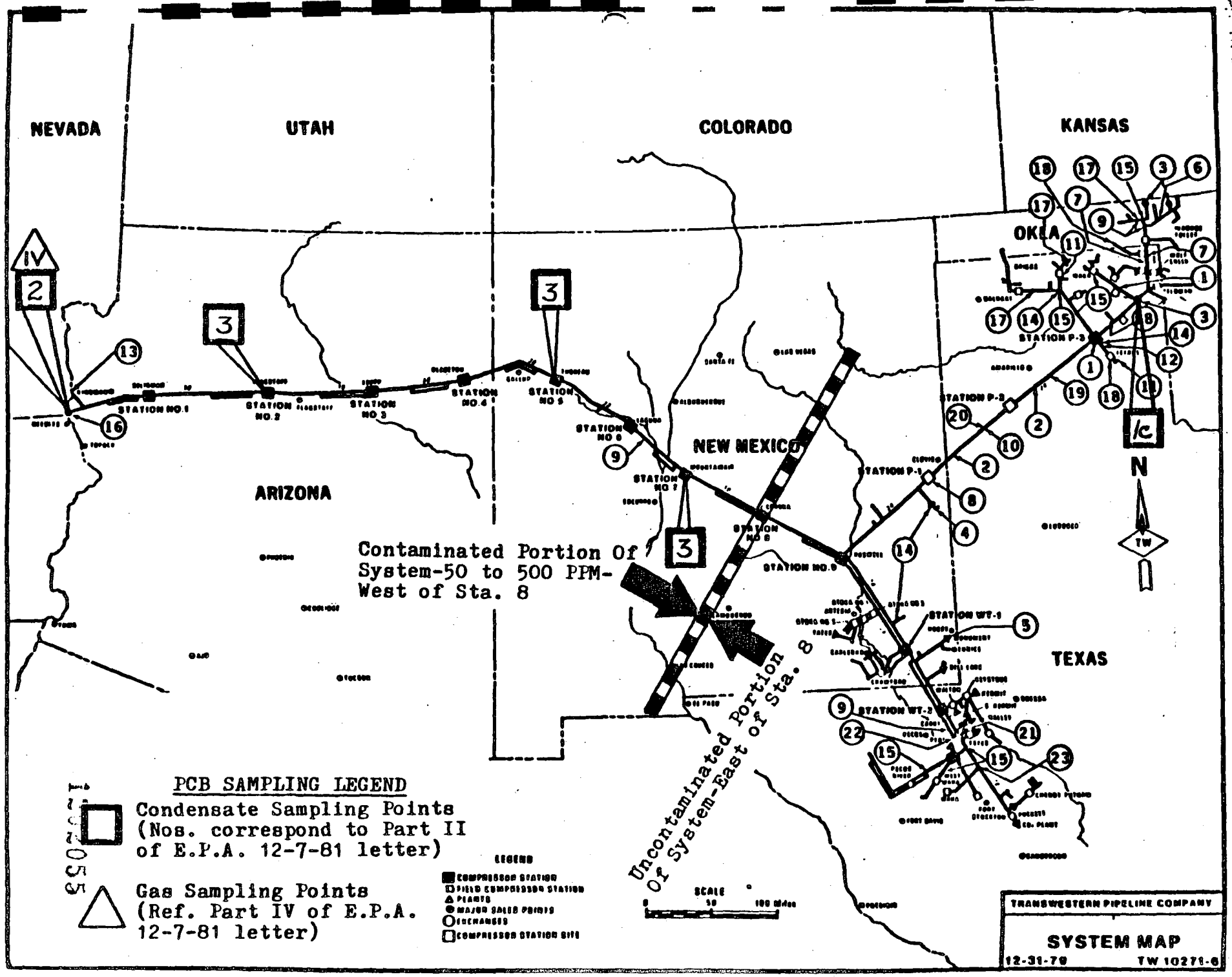
2. Monitoring reports to be submitted as follows:

Report Date	For Samples Collected During
January 15, 1982	December, 1981
April 15, 1982	January-March, 1982
July 15, 1982	June, 1982
October 15, 1982	September, 1982
January 15, 1983	October-December, 1982
April 15, 1983	January-March, 1983

ACTION PROPOSED: Because of the timing of the receipt of the EPA letter and the time needed to develop and implement the monitoring plan, it is proposed that sampling will commence with the January-March, 1982 sampling period, reportable April 15, 1982.

1-11-82

1202054


NEVADA
UTAH
COLORADO
KANSAS
OKLA.
NEW MEXICO
ARIZONA
TEXAS
STATION NO. 1
STATION NO. 2
STATION NO. 3
STATION NO. 4
STATION NO. 5
STATION NO. 6
STATION NO. 7
STATION NO. 8
STATION NO. 9
STATION P-1
STATION P-2
STATION P-3
STATION WT-1
STATION WT-2
Contaminated Portion Of System-50 to 500 PPM- West of Sta. 8
Uncontaminated Portion Of System-East of Sta. 8
N
PCB SAMPLING LEGEND
Condensate Sampling Points (Nos. correspond to Part II of E.P.A. 12-7-81 letter)
Gas Sampling Points (Ref. Part IV of E.P.A. 12-7-81 letter)
LEGEND
COMPRESSOR STATION
FIELD COMPRESSOR STATION
PLANTS
MAJOR SALES POINTS
EXCHANGES
COMPRESSOR STATION SITE
SCALE
TRANSWESTERN PIPELINE COMPANY
SYSTEM MAP
12-31-79
TW 10278-6

TEXAS EASTERN
Gas Pipeline Company
A DIVISION OF TEXAS EASTERN TRANSMISSION CORPORATION

F. L. COHAGAN
VICE PRESIDENT

January 21, 1982

Mr. John S. Seitz (En-342)
Environmental Protection Agency
401 M Street S.W.
Washington, D.C. 20460

Dear Mr. Seitz:

A monitoring plan for PCB contamination has been developed for the Texas Eastern Gas Pipeline Company and Transwestern Pipeline Company systems in accordance with Mr. A. E. Conroy II's letter dated December 7, 1981. In accordance with Item VI of Mr. Conroy's letter, attached as our initial report is a copy of the individual plans. For reference purposes, the numbering sequence of the plans follow the format and correspond to those contained in Mr. Conroy's letter.

Please advise should you have any questions or should any part of the plans not meet with your approval.

Sincerely,

F. L. Cohagan

FLC:lk
Attachments

1202056

P. O. BOX 2521 HOUSTON, TEXAS 77001 (713) 759-4437

TRANSWESTERN PIPELINE COMPANY
PCB REMEDIAL MONITORING PROGRAM
(REFERENCE EPA LETTER OF 12-7-81)

I. BACKGROUND

II. CONDENSATE SAMPLING

1. (a) Three locations on the contaminated portion of the system where the largest volume of gas is supplied to distribution companies.

RESPONSE: No gas is supplied directly to a distribution company from the contaminated portion of the system. (Reference Part II Item 2).

(b) One utility sales point in each state supplied by a contaminated portion of your system.

RESPONSE: No utility sales points are supplied with gas in the states traversed by the contaminated portion of the system.

(c) One distribution supply location on a section of system which is not contaminated.

LOCATION SELECTION: Cities Service - Canadian sales point, Hemphill County, Texas.

2. Three points on the contaminated portion of the system where gas is supplied to other transmission companies.

LOCATION SELECTION: The only point on the contaminated portion of the system where gas is supplied to another transmission company is to Pacific Lighting Service Company at Needles, Mohave County, Arizona.

3. Three consendate collection points within the contaminated portion of the system (excluding sales and interchange points) where large volumes of condensate are normally found.

LOCATION SELECTIONS:

	Collection Location	Sampling Point
(1)	Compressor Station No. 2 Flagstaff, Arizona	Scrubber Pit
(2)	Compressor Station No. 5 Thoreau, New Mexico	Scrubber Pit
(3)	Compressor Station No. 7 Mountainair, New Mexixo	Scrubber Pit

4. Three locations where gas is purchased from another transmission company.

RESPONSE: Gas is not normally purchased from another transmission company anywhere on the contaminated portion of the system.

5. One point where gas is received from an underground storage field on the contaminated portion of the system.

1202057

RESPONSE: Gas is not received from an underground storage field anywhere on the contaminated portion of the system.

TRANSWESTERN PIPELINE COMPANY
PCB REMEDIAL MONITORING PROGRAM
(REFERENCE EPA LETTER OF 12-4-81)

6. (a) One location downstream and upstream of points where new equipment such as filter/separators, scrubbers, drips, etc. are installed as part of remedial effort.

RESPONSE: Not applicable at this time.

(b) Condensate sampling before and after other remedial steps such as pigging are carried out.

ACTION PROPOSED: Pipeline samples will be taken before and after pigging performed for PCB cleanup purposes.

III. CONDENSATE REMOVAL

1. Volume of condensate collected from those points chosen for monitoring in Part II above.

ACTION PROPOSED: Accumulate information on condensate collected at the following locations

a. Cities Service - Canadian, Hemphill County, Texas
b. Pacific Lighting Service Company, Needles, Mohave County, Arizona
c. Compressor Station No. 2, Flagstaff, Arizona
d. Compressor Station No. 5, Thoreau, New Mexico
e. Compressor Station No. 7, Mountainair, New Mexico

2. Total volume of condensate collected from the contaminated portion of the system having a PCB concentration of 50 to 500 PPM.

ACTION PROPOSED: Accumulate quantities of condensate collected in the system from Compressor Station No. 8 - Corona, New Mexico to Pacific Lighting sales point at Needles, Arizona.

3. Total volume of condensate collected from the contaminated portion of the system having a PCB concentration of 500 PPM or greater.

RESPONSE: PCB concentrations in the contaminated portion of the system do not normally run above 500 PPM.

IV. GAS STREAM SAMPLING

Gas stream sampling to be conducted in conjunction with condensate samples at the major sales points selected for condensate sampling (Part II, No. 1 above) using the June, 1981 "Method to Measure PCBs in Natural Gas Pipelines," EPA 600/4-81-048 (method section pages A-1 thru A-16). One gas sample to be collected at each of the three points as follows:

(1) February, 1982
(2) June, 1982
(3) September, 1982
(4) February, 1983

1202058

RESPONSE: No major sales points are designated for condensate sampling under Part II, No. 1 above. However, one gas sample will be collected at

TRANSWESTERN PIPELINE COMPANY
PCB REMEDIAL MONITORING PROGRAM
(REFERENCE EPA LETTER OF 12-4-81)

the Pacific Lighting sales point at Needles, Arizona in accordance with the above schedule.

V. QUALITY ASSURANCE - TECHNICAL ASSISTANCE

EPA is to make available two "check" samples of pipeline condensate containing a known quantity of PCBs for analysis by laboratories utilized during this program.

ACTION PROPOSED: Labs to be used are as follows:

(1) Primary Lab-
Texas Eastern Analytical Laboratory
Texas Eastern Gas Pipeline Company
P. O. Box 2521
Houston, Texas 77001
Attention: Mr. Douglas Dodds

(2) Alternate Lab
Southern Patroleum Laboratories Inc.
8880 Interchange
P. O. Box 20807
Houston, Texas 77054
Attention: Mr. Sammy Russo

IV. SUBMISSION OF INFORMATION

1. An initial report is required to be submitted to EPA by January 12, 1982 to include:

(a) List of exact location of sampling sites including type of sampling point (scrubber, drip, etc.) and category under which the point falls in Part II above.

RESPONSE: See information furnished for Part II above. Condensate samples will be collected at meter station facilities, except as otherwise noted.

(b) A list of condensate collection points for reporting under Part III above if condensate is not removed at the exact location where samples will be collected.

RESPONSE: It is proposed that all condensate collected for reporting under Part III will be collected at the facility location.

(c) A system map indicating the location of sampling points (Part II) and condensate collection points (Part III).

RESPONSE: See attached system map. 1202059

(d) The name, address, and contact person at each laboratory used.

RESPONSE: Reference Part V above.

Attachment 7.2

Annual PCB Documents

1202060

GAS WEST SYSTEM - ROSWELL AREA
PCB STORAGE AND DISPOSAL DATA
CALENDAR YEAR 1981

ORIGIN	DATE REMOVED FROM SERVICE	DATE PLACED INTO TRANSPORT FOR DISPOSAL OR STORAGE	TOTAL WEIGHT IN KILOGRAMS	IDENTIFICATION	OWNER & LOCATION OF DISPOSAL OR STORAGE FACILITY
CORONA, N.M.		07/24/81	16,628	Pipeline Liquid	CWM, Emille, AL
" "		07/24/81	16,885	" "	" " "
FLAGSTAFF, AR		08/12/81	12,840	Pipeline Liquid	Rollins, Deer Pk, TX
" "		07/17/81	16,050	" "	" " "
FLAGETOH, AZ		07/08/81	16,050	Pipeline Liquid	CWM, Emille, AL
" "		08/13/81	16,050	" "	" " "
" "		08/20/81	16,050	" "	" " "
LEUPP, AZ		07/08/81	11,993	Pipeline Liquid	Rollins, Deer Pk, TX
MOUNTAINAIR, NM		06/08/81	16,050	Pipeline Liquid	CWM, Emille, AL
" "		06/23/81	16,050	" "	" " "
" "		07/07/81	16,885	" "	" " "
MOREAU		06/17/81	16,050	Pipeline Liquid	CWM, Emille, AL
"		07/17/81	11,235	" "	" " "

1202061

GAS WEST SYSTEM - ROSWELL AREA
PCB STORAGE AND DISPOSAL DATA
CALENDAR YEAR 1981

ORIGIN	DATE REMOVED FROM SERVICE	DATE PLACED INTO TRANSPORT FOR DISPOSAL OR STORAGE	TOTAL WEIGHT IN KILOGRAMS	IDENTIFICATION	OWNER & LOCATION OF DISPOSAL OR STORAGE FACILITY
FLAGSTAFF, AR		08/12/81	12,840	Pipeline Liquids	Rollins, Deer Pk, TX
" "		07/17/81	16,050	" "	" " "

1202062

GAS WEST SYSTEM - ROSWELL AREA
PCB STORAGE AND DISPOSAL DATA
CALENDAR YEAR 1981

ORIGIN	DATE REMOVED FROM SERVICE	DATE PLACED INTO TRANSPORT FOR DISPOSAL OR STORAGE	TOTAL WEIGHT IN KILOGRAMS	IDENTIFICATION	OWNER & LOCATION OF DISPOSAL OR STORAGE FACILITY
LEUPP, AZ.		7/8/81	11,983	Pipeline Liquid	Rollins, Deer Pk, TX

1202063

GAS WEST SYSTEM - ROSWELL AREA
PCB STORAGE AND DISPOSAL DATA
CALENDAR YEAR 1981

ORIGIN	DATE REMOVED FROM SERVICE	DATE PLACED INTO TRANSPORT FOR DISPOSAL OR STORAGE	TOTAL WEIGHT IN KILOGRAMS	IDENTIFICATION	OWNER & LOCATION OF DISPOSAL OR STORAGE FACILITY
LAGETOH, AZ.		7/08/81	16,050	Pipeline Liquid	CWM, Emille, AL.
" "		8/13/81	16,050	" "	" " "
" "		8/20/81	16,050	" "	" " "

GAS WEST SYSTEM - ROSWELL AREA
PCB STORAGE AND DISPOSAL DATA
CALENDAR YEAR 1981

ORIGIN	DATE REMOVED FROM SERVICE	DATE PLACED INTO TRANSPORT FOR DISPOSAL OR STORAGE	TOTAL WEIGHT IN KILOGRAMS	IDENTIFICATION	OWNER & LOCATION OF DISPOSAL OR STORAGE FACILITY
THOREAU		6/17/81	16,050	Pipeline Liquids	CWM, Emille, AL
"		7/17/81	11,235	" "	" " "

1202065

GAS WEST SYSTEM - ROSWELL AREA
PCB STORAGE AND DISPOSAL DATA
CALENDAR YEAR 1981

ORIGIN	DATE REMOVED FROM SERVICE	DATE PLACED INTO TRANSPORT FOR DISPOSAL OR STORAGE	TOTAL WEIGHT IN KILOGRAMS	IDENTIFICATION	OWNER & LOCATION OF DISPOSAL OR STORAGE FACILITY
MOUNTAINAIR, NM		06/08/81	16,050	Pipeline Liquids	CWM, Emille, AL
" "		06/23/81	16,050	" "	" " "
" "		07/07/81	16,885	" "	" " "

1202066

GAS WEST SYSTEM - ROSWELL AREA
PCB STORAGE AND DISPOSAL DATA
CALENDAR YEAR 1981

ORIGIN	DATE REMOVED FROM SERVICE	DATE PLACED INTO TRANSPORT FOR DISPOSAL OR STORAGE	TOTAL WEIGHT IN KILOGRAMS	IDENTIFICATION	OWNER & LOCATION OF DISPOSAL OR STORAGE FACILITY
CORONA, NM		07/24/81	16,628	Pipeline Liquids	CWM, Emille, AL
" "		07/24/81	16,885	" "	" " "

1202067

1202068

TRANSWESTERN PIPELINE COMPANY

CONDENSATE COLLECTION REPORT

(Reference EPA Letter 12/7/81)

DATE OF REPORT July 1, 1982

FOR PERIOD April 1, 1982 TO July 1, 1982

Location	Date of Collection	Volume Collected	PCB Concentration	Date of Last Sample	Liquid Stored	Liquid Disposed of By
Cities Service - Canadian	4-1-82	73206 gals.	LT 1	6-29-82	Canadian, TX	
Pacific Lighting - Needles	6-30-82	233 gals.	89	6-14-82	Needles, AZ	
Flagstaff Compressor Sta.	6-30-82	7400 gals.	90	6-15-82	Flagstaff, AZ	
Thoreau Compressor Sta.	6-30-82	9625 gals.	158	6-28-82	Thoreau, NM	
Mountainair Compressor Sta.	6-30-82	19420 gals.	38	5-21-80	Mountainair, NM	

Total liquids containing 50 PPM to 500 PPM PCBs removed from PCB affected portion of system 36,678 gals.

Total liquids containing 500 PPM or greater PCBs removed from PCB affected portion of system -0-.

1202069

TRANSWESTERN PIPELINE COMPANY

MONITORING CONDENSATE SAMPLING RESULTS

(Reference EPA Letter 12/7/81)

July 15, 1982

Location	Station Name	Sampling Date	Sampling Number	Results (PPM)*	Comments
(Distribution supply location on a section of system which is not contaminated)					
Hemphill County, Texas	Cities Service - Canadian	6-29-82	464	1	
(Point on contaminated portion of the system where gas is supplied to another transmission company)					
Needles, Arizona	Pacific Lighting	6-14-82	440	89	
(Collection point within the contaminated portion of system where large volumes of condensate are normally found)					
Flagstaff, Arizona	Compressor Sta. #2	6-15-82	428	90	
Thoreau, New Mexico	Compressor Sta. #5	6-28-82	450	158	
Mountainair, New Mexico	Compressor Sta. #7	5-21-82	368	38	

*Analysis - Texas Eastern Analytical Laboratory
Analytical Aroclor 1242

1202070

TRANSWESTERN PIPELINE COMPANY

CONDENSATE COLLECTION REPORT

(Reference EPA Letter 12/7/81)

DATE OF REPORT April 1, 1982

FOR PERIOD January 1, 1982 TO April 1, 1982

Location	Date of Collection	Volume Collected	PCB Concentration	Date of Last Sample	Liquid Stored	Liquid Disposed of By
Cities Service - Canadian	04-01-82	1519 gals.	1	03-22-82	Canadian, TX	
Pacific Lighting - Needles	04-01-82	77 gals.	53	02-17-82	Needles, AZ	
Flagstaff Compressor Sta.	04-01-82	1047 gals.	317	02-17-82	Flagstaff, AZ	
Thoreau Compressor Sta.	04-01-82	6812 gals.	142	02-17-82	Thoreau, NM	
Mountainair Compressor Sta.	04-01-82	5205 gals.	12	02-19-82	Mountainair, NM	

Total liquids containing 50 PPM to 500 PPM PCBs removed from PCB affected portion of system 7936 gals.

Total liquids containing 500 PPM or greater PCBs removed from PCB affected portion of system -0-

TRANSWESTERN PIPELINE COMPANY

MONITORING CONDENSATE SAMPLING RESULTS

(Reference EPA Letter 12/7/81)

April 15, 1982

Location	Station Name	Sampling Date	Sampling Number	Results (PPM)*	Comments
(Distribution supply location on a section of system which is not contaminated)					
Hemphill County, Texas	Cities Service - Canadian	03-22-82	271	1	
(Point on contaminated portion of the system where gas is supplied to another transmission company)					
Needles, Arizona	Pacific Lighting	02-17-82	162	53	
(Collection point within the contaminated portion of system where large volumes of condensate are normally found)					
Flagstaff, Arizona	Compressor Sta. #2	02-17-82	111	317	
Thoreau, New Mexico	Compressor Sta. #5	02-17-82	84	142	
Mountainair, New Mexico	Compressor Sta. #7	02-19-82	85	12	

*Analysis - Texas Eastern Analytical Laboratory
Analytical Aroclor 1242

TRANSWESTERN PIPELINE COMPANY

GAS SAMPLING RESULTS
(Reference EPA Letter 12/7/81)

July 15, 1982

SAMPLING LOCATION	Pacific Lighting
DATE OF SAMPLING	6-8-82
SAMPLE NUMBER	82-P - 466
SAMPLE VOLUME	50 liters
ANALYTICAL RESULT	16.3 ug/m^3
LIMIT OF DETECTION	0.2 ug/m^3
COMMENTS	-
BLANK RESULT	44 ng
ASSOCIATED CONDENSATE SAMPLING RESULT	89 ppm

1202072

TRANSWESTERN PIPELINE COMPANY

GAS SAMPLING RESULTS
(Reference EPA Letter 12/7/81)

April 15, 1982

SAMPLING LOCATION:	Pacific Lighting
DATE OF SAMPLING:	03-15-82
SAMPLE NUMBER:	82P - 246
SAMPLE VOLUME:	50 liters
ANALYTICAL RESULT:	6.2 ug/m^3
LIMIT OF DETECTION:	0.2 ug/m^3
COMMENTS:	
BLANK RESULT:	80 ng
ASSOCIATED CONDENSATE SAMPLING RESULT:	53 ppm

1202073

1202074

TRANSWESTERN PIPELINE COMPANY

CONDENSATE COLLECTION REPORT

(Reference EPA Letter 12/7/81)

DATE OF REPORT January 15, 1983

FOR PERIOD October 1, 1982 - January 1, 1983

Location	Date of Collection	Volume Collected	PCB Concentration	Date of Last Sample	Liquid Stored	Liquid Disposed of By
Cities Service - Canadian	12-31-82	25,119 gals.	LT 1	12-27-82	Canadian, TX	
Pacific Lighting - Needles	12-31-82	7 gals.	85	12-02-82	Needles, AZ	
Flagstaff Compressor Sta.	12-31-82	595 gals.	236	12-02-82	Flagstaff, AZ	
Thoreau Compressor Sta.	12-31-82	7,656 gals.	482	12-22-82	Thoreau, NM	
Mountainair Compressor Sta.	12-31-82	1,231 gals.	27	10-22-82	Mountainair, NM	

Total liquids containing 50 PPM to 500 PPM PCBs removed from PCB affected portion of system 9,489 gals.

Total liquids containing 500 PPM or greater PCBs removed from PCB affected portion of system -0-.

TRANSWESTERN PIPELINE COMPANY

MONITORING CONDENSATE SAMPLING RESULTS

(Reference EPA Letter 12/7/81)

January 15, 1983

Location	Station Name	Sampling Date	Sampling Number	Results (PPM)*	Comments
(Distribution supply location on a section of system which is not contaminated)					
Hemphill County, Texas	Cities Service - Canadian	12-27-82	005	LT 1	
(Point on contaminated portion of the system where gas is supplied to another transmission company)					
Needles, Arizona	Pacific Lighting	12-02-82	918	85	
(Collection point within the contaminated portion of system where large volumes of condensate are normally found)					
Flagstaff, Arizona	Compressor Sta. #2	12-02-82	919	236	
Thoreau, New Mexico	Compressor Sta. #5	12-22-82	917	482	
Mountainair, New Mexico	Compressor Sta. #7	10-22-82	813	27	

*Analysis - Texas Eastern Analytical Laboratory
Analytical Aroclor 1242

TRANSWESTERN PIPELINE COMPANY

GAS SAMPLING RESULTS

(Reference EPA Letter 12/7/81)

January 15, 1983

SAMPLING LOCATION	Pacific Lighting
DATE OF SAMPLING	12-22-82
SAMPLE NUMBER	83P - 019
SAMPLE VOLUME	50 liters
ANALYTICAL RESULT	None detected
LIMIT OF DETECTION	0.2 ug/m^3
COMMENTS	-
BLANK RESULT	None detected
ASSOCIATED CONDENSATE SAMPLING RESULT	85 ppm

1202077

TRANSWESTERN PIPELINE COMPANY

CONDENSATE COLLECTION REPORT

(Reference EPA Letter 12/7/81)

DATE OF REPORT April 1, 1983

FOR PERIOD January 1, 1983 - April 1, 1983

Location	Date of Collection	Volume Collected	PCB Concentration	Date of Last Sample	Liquid Stored	Liquid Disposed of By
Cities Service - Canadian	3-31-83	71,232 gals.	LT 1	3-2-83	Canadian, TX	
Pacific Lighting - Needles	3-31-83	35 gals.	84	3-1-83	Needles, AZ	
Flagstaff Compressor Sta.	3-31-83	6,884 gals.	23	3-1-83	Flagstaff, AZ	
Thoreau Compressor Sta.	3-31-83	2,965 gals.	154	2-15-83	Thoreau, NM	
Mountainair Compressor Sta.	3-31-83	1,873 gals.	26	3-15-83	Mountainair, NM	

Total liquids containing 50 PPM to 500 PPM PCBs removed from PCB affected portion of system 3,000 gals.

Total liquids containing 500 PPM or greater PCBs removed from PCB affected portion of system -0- gals.

1202078

TRANSWESTERN PIPELINE COMPANY

MONITORING CONDENSATE SAMPLING RESULTS

(Reference EPA Letter 12/7/81)

April 15, 1983

Location	Station Name	Sampling Date	Sampling Number	Results (PPM)*	Comments
(Distribution supply location on a section of system which is not contaminated)					
Hemphill County, Texas	Cities Service - Canadian	3-2-83	291	LT 1	
(Point on contaminated portion of the system where gas is supplied to another transmission company)					
Needles, Arizona	Pacific Lighting	3-1-83	289	84	
(Collection point within the contaminated portion of system where large volumes of condensate are normally found)					
Flagstaff, Arizona	Compressor Sta. #2	3-1-83	288	23	
Thoreau, New Mexico	Compressor Sta. #5	2-15-83	213	154	
Mountainair, New Mexico	Compressor Sta. #7	3-15-83	323	26	

*Analysis - Texas Eastern Analytical Laboratory
Analytical Aroclor 1242

TRANSWESTERN PIPELINE COMPANY

GAS SAMPLING RESULTS

(Reference EPA Letter 12/7/81)

April 15, 1983

SAMPLING LOCATION	Pacific Lighting
DATE OF SAMPLING	2-07-83
SAMPLE NUMBER	83P-238
SAMPLE VOLUME	50 liters
ANALYTICAL RESULT	None detected
LIMIT OF DETECTION	0.2 ug/m^3
COMMENTS	-
BLANK RESULT	None detected
ASSOCIATED CONDENSATE SAMPLING RESULT	84 ppm

1202079

1202080

TRANSWESTERN PIPELINE COMPANY

MONITORING CONDENSATE SAMPLING RESULTS

(Reference EPA Letter 12/7/81)

Period April 1, 1983 - September 30, 1983

Location	Station Name	Sampling Date	Sampling Number	Results (PPM)*	Comments
(Distribution supply location on a section of system which is not contaminated)					
Hemphill County, Texas	Cities Service - Canadian	9-02-83	901	LT 1	
(Point on contaminated portion of the system where gas is supplied to another transmission company)					
Needles, Arizona	Pacific Lighting	9-01-83	794	48	Filter/separator installed upstream
(Collection point within the contaminated portion of system where large volumes of condensate are normally found)					
Flagstaff, Arizona	Compressor Sta. #2	9-29-83	902	LT 1	
Thoreau, New Mexico	Compressor Sta. #5	9-21-83	876	21	
Mountainair, New Mexico	Compressor Sta. #7	9-20-83	793	38	

*Analysis - Texas Eastern Analytical Laboratory
Analytical Aroclor 1242

TRANSWESTERN PIPELINE COMPANY

GAS SAMPLING RESULTS

(Reference EPA Letter 12/7/81)

Period April 1, 1983 - September 30, 1983

SAMPLING LOCATION	Pacific Lighting
DATE OF SAMPLING	9-22-83
SAMPLE NUMBER	83P-924
SAMPLE VOLUME	50 Liters
ANALYTICAL RESULT	21.7 ug/m^3
LIMIT OF DETECTION	0.2 ug/m^3
COMMENTS	Dual Column Confirmation
BLANK RESULT	None detected
ASSOCIATED CONDENSATE	
SAMPLING RESULT	48 ppm

1202081

TRANSWESTERN PIPELINE COMPANY
CONDENSATE COLLECTION REPORT
(Reference EPA Letter 12/7/81)

1202082

DATE OF REPORT _____ FOR PERIOD April 1, 1983 to September 30, 1983

Location	Date of Collection	Volume Collected	PCB Concentration	Date of Last Sample	Liquid Stored	Liquid Disposed of By
Cities Service - Canadian	9-30-83	61,488 gals	LT 1	9-02-83	Canadian, TX	
Pacific Lighting - Needles	9-30-83	2112 gals	48	9-01-83	Needles, AZ	
Flagstaff Compressor Sta.	9-30-83	9726 gals	LT 1	9-29-83	Flagstaff, AZ	
Thoreau Compressor Sta.	9-30-83	4704 gals	21	9-21-83	Thoreau, NM	
Mountainair Compressor Sta.	9-30-83	6674 gals	38	9-20-83	Mountainair, NM	

Total liquids containing 50 PPM to 500 PPM PCBs removed from PCB affected portion of system -0- gals.

Total liquids containing 500 PPM or greater PCBs removed from PCB affected portion of system -0- gals.

TRANSWESTERN PIPELINE COMPANY

CONDENSATE COLLECTION REPORT

(Reference EPA Letter 12/7/81)

1202083

DATE OF REPORT April 30, 1984

FOR PERIOD October 1, 1983 - March 31, 1984

Location	Date of Collection	Volume Collected	PCB Concentration	Date of Last Sample	Liquid Stored	Liquid Disposed of By
Cities Service - Canadian	3-31-84	213,276 gals.	LT 1	3-05-84	Canadian, TX	
Pacific Lighting - Needles	3-31-84	190 gals.	92	3-01-84	Needles, AZ	
Flagstaff Compressor Sta.	3-31-84	1540 gals.	LT 1	3-01-84	Flagstaff, AZ	
Thoreau Compressor Sta.	3-31-84	3718 gals.	LT 1	2-02-84	Thoreau, NM	
Mountainair Compressor Sta.	3-31-84	5497 gals.	55	2-03-84	Mountainair, NM	

Total liquids containing 50 PPM to 500 PPM PCBs removed from PCB affected portion of system 5687 gals.

Total liquids containing 500 PPM or greater PCBs removed from PCB affected portion of system 0 gals.

1202084

TRANSWESTERN PIPELINE COMPANY

MONITORING CONDENSATE SAMPLING RESULTS

(Reference EPA Letter 12/7/81)

Period: October 1, 1983 - March 31, 1984

Location	Station Name	Sampling Date	Sampling Number	Results (PPM)*	Comments
(Distribution supply location on a section of system which is not contaminated)					
Hemphill County, Texas	Cities Service - Canadian	3-05-84	434	LT 1	
(Point on contaminated portion of the system where gas is supplied to another transmission company)					
Needles, Arizona	Pacific Lighting	3-01-84	342	92	
(Collection point within the contaminated portion of system where large volumes of condensate are normally found)					
Flagstaff, Arizona	Compressor Sta. #2	3-01-84	343	LT 1	
Thoreau, New Mexico	Compressor Sta. #5	2-02-84	217	LT 1	
Mountainair, New Mexico	Compressor Sta. #7	2-03-84	329	55	
(Locations downstream and upstream of point where new filter/separator has been added.)					
Compressor Station #1 - Seligman, AZ - Filter Separator					
Upstream	Compressor Station #2	3-01-84	343	LT 1	
Downstream	Pacific Lighting - Needles, AZ	3-01-84	342	92	

*Analysis - Texas Eastern Analytical Laboratory
Analytical Aroclor 1242

TRANSWESTERN PIPELINE COMPANY

GAS SAMPLING RESULTS

(Reference EPA Letter 12/7/81)

Period: October 1, 1983 - March 31, 1984

SAMPLING LOCATION	Pacific Lighting
DATE OF SAMPLING	3-05-84
SAMPLE NUMBER	84P-458
SAMPLE VOLUME	50 Liters
ANALYTICAL RESULT	16.0 ug/m^3
LIMIT OF DETECTION	0.5 ug/m^3
COMMENTS	
BLANK RESULT	None detected
ASSOCIATED CONDENSATE	
SAMPLING RESULT	92 ppm

1202085

TRANSWESTERN PIPELINE COMPANY

CONDENSATE COLLECTION REPORT

(Reference EPA Letter 12/7/81)

1202086

DATE OF REPORT October 31, 1984

FOR PERIOD April 1, 1984 - September 30, 1984

Location	Date of Collection	Volume Collected	PCB Concentration	Date of Last Sample	Liquid Stored	Liquid Disposed of By
Cities Service - Canadian	9-30-84	980 gals.	LT 1	9-04-84	Canadian, TX	
Pacific Lighting - Needles	9-30-84	26 gals.	48	9-01-84	Needles, AZ	
Flagstaff Compressor Sta.	9-30-84	2452 gals.	235	9-05-84	Flagstaff, AZ	
Thoreau Compressor Sta.	9-30-84	4437 gals.	436	9-06-84	Thoreau, NM	
Mountainair Compressor Sta.	9-30-84	2662 gals.	LT 1	9-14-84	Mountanair, NM	

Total liquids containing 50 PPM to 500 PPM PCBs removed from PCB affected portion of system 6889 gals.

Total liquids containing 500 PPM or greater PCBs removed from PCB affected portion of system -0- gals.

TRANSWESTERN PIPELINE COMPANY

MONITORING CONDENSATE SAMPLING RESULTS

(Reference EPA Letter 12/7/81)

Period: April 1, 1984 - September 30, 1984

1202087

Location	Station Name	Sampling Date	Sampling Number	Results (PPM)*	Comments
(Distribution supply location on a section of system which is not contaminated)					
Hemphill County, Texas	Cities Service - Canadian	9-04-84	1022	LT 1	
(Point on contaminated portion of the system where gas is supplied to another transmission company)					
Needles, Arizona	Pacific Lighting	9-01-84	1059	48	
(Collection point within the contaminated portion of system where large volumes of condensate are normally found)					
Flagstaff, Arizona	Compressor Sta. #2	9-05-84	1062	235	
Thoreau, New Mexico	Compressor Sta. #5	9-06-84	962	436	
Mountainair, New Mexico	Compressor Sta. #7	9-14-84	1061	LT 1	
(Locations downstream and upstream of point where new filter/separator has been added.)					
Compressor Station #1 - Seligman, AZ - Filter Separator					
Upstream	Compressor Station #2	9-05-84	1062	235	
Downstream	Pacific Lighting - Needles, AZ	9-01-84	1059	48	

*Analysis - Texas Eastern Analytical Laboratory
Analytical Aroclor 1242, 1248, 1254, 1260

TRANSWESTERN PIPELINE COMPANY

GAS SAMPLING RESULTS

(Reference EPA Letter 12/7/81)

Period: April 1, 1984 - September 30, 1984

SAMPLING LOCATION	Pacific Lighting
DATE OF SAMPLING	9-07-84
SAMPLE NUMBER	1152
SAMPLE VOLUME	50 Liters
ANALYTICAL RESULT	16.6 ug/m^3
LIMIT OF DETECTION	1.0 ug/m^3
COMMENTS	
BLANK RESULT	None detected
ASSOCIATED CONDENSATE	
SAMPLING RESULT	48 ppm

1202086

TRANSWESTERN PIPELINE COMPANY

CONDENSATE COLLECTION REPORT

(Reference EPA Letter 12/7/81)

1202089

DATE OF REPORT April 30, 1985

FOR PERIOD October 1, 1984 - March 31, 1985

Location	Date of Collection	Volume Collected	PCB Concentration	Date of Last Sample	Liquid Stored	Liquid Disposed of By
Cities Service - Canadian	3-31-85	4228 gals	LT 2	3-04-85	Canadian, TX	
Pacific Lighting - Needles	3-31-85	31 gals	125	3-26-85	Needles, AZ	
Flagataff Compressor Sta.	3-31-85	7673 gals	LT 2	2-20-85	Flagstaff, AZ	
Thoreau Compressor Sta.	3-31-85	10,610 gals	929	1-29-85	Thoreau, NM	
Mountainair Compressor Sta.	3-31-85	3859 gals	57	2-14-85	Mountainair, NM	

Total liquids containing 50 PPM to 500 PPM PCBs removed from PCB affected portion of system 3890 gals.

Total liquids containing 500 PPM or greater PCBs removed from PCB affected portion of system 10,610 gals.

1202030

TRANSWESTERN PIPELINE COMPANY

MONITORING CONDENSATE SAMPLING RESULTS

(Reference EPA Letter 12/7/81)

Period: October 1, 1984 - March 31, 1985

Location	Station Name	Sampling Date	Sampling Number	Results (PPM)*	Comments
(Distribution supply location on a section of system which is not contaminated)					
Hemphill County, Texas ✓	Cities Service - Canadian	3-04-85	612	LT 2	
(Point on contaminated portion of the system where gas is supplied to another transmission company)					
Needles, Arizona ✓	Pacific Lighting	3-26-85	524	125	
(Collection point within the contaminated portion of system where large volumes of condensate are normally found)					
Flagstaff, Arizona	Compressor Sta. #2	2-20-85	374	LT 2	
Thoreau, New Mexico	Compressor Sta. #5	1-29-85	226	929	
Mountainair, New Mexico ✓	Compressor Sta. #7	2-14-85	223	57	
(Locations downstream and upstream of point where new filter/separator has been added.)					
Compressor Station #1 - Seligman, AZ - Filter Separator					
Upstream	Compressor Station #2	2-20-85	374	LT 2	
Downstream	Pacific Lighting - Needles, AZ	3-26-85	524	125	

*Analysis - Texas Eastern Analytical Laboratory
Analytical Aroclor 1242, 1248, 1254, 1260

TRANSWESTERN PIPELINE COMPANY

GAS SAMPLING RESULTS

(Reference EPA Letter 12/7/81)

Period: October 1, 1984 - March 31, 1985

SAMPLING LOCATION	Pacific Lighting
DATE OF SAMPLING	3-04-85
SAMPLE NUMBER	518
SAMPLE VOLUME	50 Liters
ANALYTICAL RESULT	None detected
LIMIT OF DETECTION	2.0 ug/m^3
COMMENTS	
BLANK RESULT	None detected
ASSOCIATED CONDENSATE	
SAMPLING RESULT	125 ppm

1202091

1202092

TRANSWESTERN PIPELINE COMPANY

CONDENSATE COLLECTION REPORT

(Reference EPA Letter 12/7/81)

DATE OF REPORT October 30, 1985

For Period April 1, 1985 - September 30, 1985

Location	Date Of Collection	Volume Collected	PCB Concentration	Date Of Last Sample	Liquid Stored At	Liquid Disposed of By
Cities Service - Canadian	9-30-85	1857 gal.	LT 2	9-11-85	Canadian, TX	
Pacific Lightin - Needles	9-30-85	144 gal.	165	9-19-85	Needles, AZ	
Flagstaff Compressor Sta.	9-30-85	1044 gal.	*		Flagstaff, AZ	
~~Luepp Compressor Sta.~~	~~9-30-85~~	~~10 gal.~~	~~563~~	~~9-19-85~~	~~Leupp, AZ~~	
Thoreau Compressor Sta.	9-30-85	1751 gal.	*		Thoreau, NM	
Mountainaire, NM	9-30-85	3850 gal.	193	9-19-85	Mountainaire, NM	

Total Liquids containing 50 PPM to 500PPM PCBS removed from contaminated portion of system 8,486 gallons

Total liquids containing 500PPM or greater PCBs removed from containinated portion of system 14,020 gallons

* Results obtained from commercial laboratory on these two locations were not valid due to improper sulfur removal procedure during sample clean-up. The Transwestern laboratory was operational as of 8-29-85, and no samples from Flagstaff or Thoreau were received during September. As a result, the analysis from Leupp has been included in this report only, subsequent reports will again conform to previous format as submitted by the former owners of Transwestern Pipeline Co.

1202093

TRANSWESTERN PIPELINE COMPANY

MONITORING CONDENSATE SAMPLING RESULTS

(Reference EPA Letter 12/7/81)

Period: April 1, 1985 - September 30, 1985

Location	Station Name	Date	Number	Results (PPM)*	Comments
(Distribution supply location on a section of the system which is not contaminated)					
Hemphill County, Texas	Cities Service - Canadian	9-11-85		None Detected	
(Point on cantaminated portion of the system where gas is supplied to another transmission company)					
Needles, Arizona	Pacific Lighting	9-19-85		165	
(Collection point within contaminated portion of system where large volumes of condensate are normally found)					
Leupp, Arizona[1]	Compressor Sta. #3	9-19-85		563	1 Sta. #2 is the normal point reported, due to technical problems with the outside lab used from June thru August, results from Sta. #2 and Sta.#5 are not valid.
Thoreau, New Mexico	Compressor Sta. #5			See Note 1	
Mountainaire, New Mexico	Compressor Sta. #7	9-19-85		193	
(Locations downstream and upstream of filter/seperator at Station #1 - Seligman, Arizona)					
Upstream	Compressor Sta. #3	9-19-85		563	
Downstream	Pacific Lighting - Needles, AZ.	9-19-85		165	

* Analysis - Transwestern Pipeline Co. Analytical Laboratory
Analytical Aroclor 1242, 1248, 1254

1202094

TRANSWESTERN PIPELINE COMPANY

CONDENSATE COLLECTION REPORT

(Reference EPA Letter 12-7-81)

Date Of Report April 28, 1986

Reporting Period October 1, 1985 - March 31, 1986

Location	Date Of Collection	Volume Collected	PCB Concentration	Date Of Last Sample	Liquid Stored At	Liquid Disposed Of By
Cities Service - Canadian	3-31-86	2,969 gal.	LT 1	12-18-85	Canadian, TX	UPG/Falco
Pacific Lighting - Needles	3-31-86	253 gal.	158	2-6-86	Needles, AZ	SCA - Chicago, IL
Flagstaff Compressor Sta.	3-31-86	2,925 gal.	303	3-5-86	Flagstaff, AZ	SCA - Chicago, IL
Thoreau Compressor Sta.	3-31-86	4,318 gal.	390	2-27-86	Thoreau, NM	SCA - Chicago, IL
Mountainaire Compressor Sta.	3-31-86	11,925 gal.	61	2-13-86	Mountainaire, NM	SCA - Chicago, IL

Total liquids containing 50 to 500 ppm removed from the system 18,632 gallons.

Total liquids containing over 500 ppm removed from the system 3,758 gallons.

TRANSWESTERN PIPELINE COMPANY

MONITORING CONDENSATE SAMPLING RESULTS

(Reference EPA Letter 12-7-81)

Period: October 1, 1986 - March 31, 1986

1202095

Location	Station Name	Date	Results PPM	Blank Results	Comments
(Distribution supply location on a section of the system which is not contaminated)					
Hemhill County, Texas	Canadian - Cities Service	12-18-85	LT 1.0	none detected	
(Point on the system where gas is supplied to another company from contaminated pipeline)					
Needles, Arizona	Pacific Lighting	2-6-86	158	none detected	
(Collection point within the contaminated part of the system where larve volumes of condensate a normally found)					
Flagstaff, Arizona	Station #2	3-5-86	303	none detected	
Thoreau, New Mexico	Station #5	2-27-86	390	none detected	
Mountainaire, New Mexico	Station #7	2-13-86	61	none detected	
(Location downstream and uptream from the PCB scrubber at Station #1 - Siligman, AZ)					
Upstream	Station #1 Inlet	1-7-86	358	none detected	
Douwnstream	Pac. Lighting - Needles, AZ	2-6-86	158	none decteced	

Analysis - Transwestern Pipeline Co. Analystical Laboratory
Analytical Aroclor 1242, 1248, 1254

TRANSWESTERN PIPELINE COMPANY

GAS SAMPLING RESULTS

(Reference EPA Letter 12-7-81)

Period: October 1, 1985 - March 31, 1986

SAMPLING LOCATION	Pacific Lighting
DATE OF SAMPLE	1-23-86
SAMPLE NUMBER	N/A
SAMPLE VOLUME	50 Liters
ANALYTICAL RESULT	None Detected
LIMIT OF DETECTION	2.0 $\mu g/M^3$
BLANK RESULT	None Detected
Associated Condensate Sample Results	158 ppm

1202096

TRANSWESTERN PIPELINE COMPANY

GAS SAMPLING RESULTS

(Reference EPA Letter 12-7-81)

Period: April 1, 1986 - September 30, 1986

SAMPLING LOCATION	Pacific Lighting
DATE OF SAMPLE	6-23-86
SAMPLE VOLUME	50 Liters
ANALYTICAL RESULT	None Detected
LIMIT OF DETECTION	2.0 micrograms/cubic meter
BLANK RESULT	None Detected
Associated Condensate Sample Results	114 ppm

1202099

TRANSWESTERN PIPELINE COMPANY
CONDENSATE MONITORING SAMPLING RESULTS
(Reference EPA letter 12-7-81)
Period: April 1, 1986 - September 30, 1986

Location	Station Name	Date	Results (PPM)	Blank Results	Comments
(Distribution supply location on a section of the system which is not contaminated)					
Hemphill County, Texas	Canadian - Cities Service	6-12-86	LT 1.0	none detected	
(Point on the pipeline where gas is supplied to another company from contaminated pipeline)					
Needles, Arizona	Pacific Lighting	7-15-86	114	none detected	
(Collection point within the contaminated portion of the system where large volumes of condensate are normally found)					
Flagstaff, Arizona	Station #2	6-10-86	261	none detected	
Thoreau, New Mexico	Station #5	8-21-86	319	none detected	
Mountainaire, New Mexico	Station #7	7-07-86	67	none detected	
(Location downstream and upstream of the PCB scrubber at Station #1 - Siligman, AZ)					
Upstream	Station #1 Inlet	8-22-86	293	none detected	
Downstream	Needles, AZ	7-12-86	114	none detected	

Analysis - Transwestern Pipeline Co. Analytical Laboratory
Analyte - Aroclor 1242, 1248, 1254

1202097

TRANSWESTERN PIPELINE COMPANY

CONDENSATE COLLECTION REPORT
(Reference EPA Letter 12-7-81)

Date of Report: October 28, 1986

Reporting Period: April 1, 1986 - September 30, 1986

Location	Date Of Collection	Volume Collected	PCB Concentration	Date Of Last Sample	Liquid Stored At	Liquid Disposed Of By
Cities Service - Canadian	9-30-86	1,684 gal.	LT 1	6-12-86	Canadian, TX	UPG/Falco
Pacific Lighting - Needles AZ	9-30-86	278 gal.	114	7-15-86	Needles, Az	SCA - Chicago, IL
Flagstaff Compressor Sta.	9-30-86	7,617 gal.	261	6-10-86	Flagstaff, AZ	SCA - Chicago, IL
Thoreau Compressor Sta.	9-30-86	7,532 gal.	319	8-21-86	Thoreau, NM	SCA - Chicago, IL
Mountainaire Compressor Sta.	9-30-86	4,286 gal.	67	7-07-86	Mountainaire, NM	SCA - Chicago, IL

Total liquids containing 50 to 500 ppm removed from the system 28,613 gallons.

Total Liquids containing over 500 ppm removed from the system 1,876 gallons.

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT - 1985

Needles Measurement Station - Mohave Valley, Arizona

Date Stored	Date In Transport	Quantity Kilograms	Material Description
5-09		21	Pipeline Liquids
6-06		68	Pipeline Liquids
6-10		136	Pipeline Liquids
6-17		64	Pipeline Liquids
6-24		200	Pipeline Liquids
7-15		68	Pipeline Liquids
9-07		68	Piepline Liquids
9-16		225	Pipeline Liquids
11-11		230	Pipeline Liquids
12-09		102	Pipeline Liquids
12-16		25	Pipeline Liquids
	12-18	1,547*	Pipeline Liquids
12-23		30	Pipeline Liquids

* Transportation and disposal handled by SCA Chemical Services, Chicago Illinois

1202100

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT - 1985

Compressor Station #1 - Kingman, Arizona

Date Stored	Date In Transport	Quantity Kilograms	Material Description
1-21		1,254	Pipeline Liquids
	1-21	21,063*	Pipeline Liquids
5-06		6,643	Pipeline Liquids
7-30		2,635	Pipeline Liquids
	12-08	12,036*	Pipeline Liquids
12-16		2,758	Pipeline Liquids

* Transport and disposal handled by SCA Chemical Services, Chicago, Illinois

1202101

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT - 1985

Compressor Station #2 - Flagstaff, Arizona

Date Stored	Date In Transport	Quantity Kilograms	Material Description
5-07		2,150	Pipeline Liquids
6-13		1,700	Pipeline Liquids
7-05		1,309	Pipeline Liquids
7-15		26	Pipeline Liquids
7-22		85	Pipeline Liquids
9-24		892	Pipeline Liquids
10-07		425	Pipeline Liquids
11-11		425	Pipeline Liquids
	12-20	14,025*	Pipeline Liquids

* Transport and disposal handled by SCA Chemical Services, Chicago, Illinois

1202102

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT - 1985

Compressor Station #3 - Winslow, Arizona

Date Stored	Date In Transport	Quantity Kilograms	Material Description
5-16		710	Pipeline Liquids
5-20		38	Pipeline Liquids
5-30		748	Pipeline Liquids
6-03		251	Pipeline Liquids
7-01		748	Pipeline Liquids
7-08		1,003	Pipeline Liquids
7-15		246	Pipeline Liquids
7-29		1,003	Pipeline Liquids
8-12		246	Pipeline Liquids
9-03		502	Pipeline Liquids
9-09		1,250	Pipeline Liquids
	12-20	7,225*	Pipeline Liquids

* Transport and disposal handled by SCA Chemical Services, Chicago, Illinois.

1202103

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT - 1985

Compressor Station #4 - Sanders, Arizona

Date Stored	Date In Transport	Quantity Kilograms	Material Description
5-09		251	Pipeline Liquids
5-16		123	Pipeline Liquids
5-20		128	Pipeline Liquids
5-28		123	Pipeline Liquids
6-10		123	Pipeline Liquids
6-17		123	Pipeline Liquids

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT - 1985

Compressor Station #5 - Thoreau, New Mexico

Date Stored	Date In Transport	Quantity Kilograms	Material Description
5-13		990	Pipeline Liquids
5-27		493	Pipeline Liquids
5-27		497	Pipeline Liquids
6-10		497	Pipeline Liquids
6-17		990	Pipeline Liquids
6-24		1,488	Pipeline Liquids
7-01		497	Pipeline Liquids
7-22		497	Pipeline Liquids
8-05		493	Pipeline Liquids
8-08		497	Pipeline Liquids
8-19		1,980	Pipeline Liquids
9-02		501	Pipeline Liquids
10-07		493	Pipeline Liquids
	11-12	20,825*	Pipeline Liquids
11-20		1,170	Used pig cups
11-20		3,192	Rags, gloves, soil
12-02		497	Pipeline Liquids
12-09		497	Pipeline Liquids
12-16		527	Pipeline Liquids

* Transport and disposal handled by SCA Chemical Services, Chicago, Illinois.

1202105

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT - 1985

Compressor Station #6 - Lagunna, New Mexico

Date Stored	Date In Transport	Quantity Kilograms	Material Description
5-06		425	Pipeline Liquids
5-13		2,367	Pipeline Liquids
5-16		926	Pipeline Liquids
6-07		477	Pipeline Liquids
6-17		421	Pipeline Liquids
10-10		931	Pipeline Liquids
10-31		463	Pipeline Liquids
	11-15	6,949*	Pipeline Liquids

* Transport and disposal handled by SCA Chemical Services, Chicago, Illinois

1202106

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT - 1985

Compressor Station #7 - Mountainaire, New Mexico

Date Stored	Date In Transport	Quantity Kilograms	Material Description
6-01		7,102	Pipeline Liquids
7-01		1,275	Pipeline Liquids
8-01		3,863	Pipeline Liquids
9-01		2,975	Pipeline Liquids
10-01		2,975	Pipeline Liquids
11-01		1,700	Pipeline Liquids
	11-05	20,162*	Pipeline Liquids
12-01		850	Pipeline Liquids

* Transport and disposal handled by SCA Chemical Services, Chicago, Illinois

1202107

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT - 1985

Rio Grande River Crossing - Belen, New Mexico

Date Stored	Date In Transport	Quantity Kilograms	Material Description
2-25		1,488	Pipeline Liquids
4-08		497	Pipeline Liquids
4-15		3,965	Pipeline Liquids
4-29		11,918	Pipeline Liquids
5-28		786	Pipeline Liquids
7-29		1,441	Pipeline Liquids
8-12		3,226	Pipeline Liquids
10-18		4,713	Pipeline Liquids
	11-12	19,091*	Pipeline Liquids

* Transport and disposal handled by SCA Chemical Services, Chicago, Illinois

1202108

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT 1986

Needles Measurement Station - Mohave Valley, Arizona

Date Stored	Date In Transport	Quantity Kilograms	Material Description
2-10		14	Pipeline Liquids
3-03		7	Pipeline Liquids
3-10		7	Pipeline Liquids
3-24		14	Pipeline Liquids
3-31		29	Pipeline Liquids
4-07		96	Pipeline Liquids
4-14		110	Piepline Liquids
4-21		57	Pipeline Liquids
5-12		448	Pipeline Liquids
5-19		142	Pipeline Liquids
5-27		21	Pipeline Liquids
6-09		43	Pipeline Liquids
6-23		21	Pipeline Liquids
7-10		21	Pipeline Liquids
7-21		14	Pipeline Liquids
8-25		7	Pipeline Liquids
9-22		21	Pipeline Liquids
10-13		32	Pipeline Liquids
10-27		18	Pipeline Liquids
10-30		21	Pipeline Liquids
11-03		14	Pipeline Liquids
12-08		57	Pipeline Liquids
	12-18*	1294	Pipeline Liquids
12-22		57	Pipeline Liquids

* Transport and disposal handled by SCA Chemical Services, Chicago, Illinois

1202109

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT 1986

Compressor Station #1 - Kingman, Arizona

Date Stored	Date In Transport	Quantity Kilograms	Material Description
01-01		1244	Pipeline Liquids
04-07		3790	Pipeline Liquids
07-30		3356	Pipeline Liquids
10-06		1678	Pipeline Liquids
	10-07*	7971	Pipeline Liquids
12-31		2098	Pipeline liquids

* Transport and disposal handled by SCA Chemical Services, Chicago, Illinois

1202110

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT - 1986

Compressor Station #2 - Flagstaff, Arizona

Date Stored	Date In Transport	Quantity Kilograms	Material Description
01-27		89	Pipeline Liquids
02-10		36	Pipeline Liquids
03-03		231	Pipeline Liquids
03-31		92	Pipeline Liquids
04-07		71	Pipeline Liquids
04-10		10,667	Pipeline Liquids
04-11		3556	Pipeline Liquids
04-14		4142	Pipeline Liquids
04-15		2596	Pipeline Liquids
04-16		1778	Pipeline Liquids
04-18		1778	Pipeline Liquids
04-21		4338	Pipeline Liquids
04-22		3556	Pipeline Liquids
04-24		3556	Pipeline Liquids
04-25		3556	Pipeline Liquids
04-28		3179	Pipeline Liquids
05-09		2937	Pipeline Liquids
05-12		43	Pipeline Liquids
05-19		768	Pipeline Liquids
06-02		1678	Pipeline Liquids
	06-03*	16,000	Pipeline Liquids
	06-23*	24,334	Pipeline Liquids
07-07		476	Pipeline Liquids
07-21		356	Pipeline Liquids
09-08		1259	Pipeline Liquids
09-29		1678	Pipeline Liquids
10-06		12,167	Used Lube Oil
10-09		6293	Used Lube Oil
	10-13*	17,201	Pipeline Liquids
	10-20*	17,422	Used Lube Oil
11-24		711	Pipeline Liquids
12-08		356	Pipeline Liquids
12-29		1600	Pipeline Liquids

* Transport and disposal handled by SCA Chemical Services, Chicago, Illinois

1202111

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT - 1986

Compressor Station #3 - Winslow, Arizona

Date Stored	Date In Transport	Quantity Kilograms	Material Description
	01-09	10,667	Pipeline Liquids
01-13		19,509	Pipeline Liquids
	02-08	16,355	Pipeline Liquids
02-10		658	Pipeline Liquids
03-24		412	Pipeline Liquids
04-07		156	Pipeline Liquids
04-21		658	Pipeline Liquids
05-05		2300	Pipeline Liquids
05-19		100	Pipeline Liquids
05-26		320	Pipeline Liquids
06-02		217	Pipeline Liquids
06-16		199	Pipeline Liquids
07-14		10,037	Pipeline Liquids
07-28		210	Pipeline Liquids
08-04		249	Pipeline Liquids
08-25		622	Pipeline Liquids
09-08		210	Pipeline Liquids
	09-23*	17,561	Pipeline Liquids
	10-07*	9600	Pipeline Liquids
10-20		1024	Pipeline Liquids
10-27		1255	Pipeline Liquids
11-03		836	Pipeline Liquids
12-01		192	Pipeline Liquids
12-15		644	Pipeline Liquids

* Transport and disposal handled by SCA Chemical Services, Chicago, Illinois.

1202112

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT - 1986

Compressor Station #4 - Sanders, Arizona

Date Stored	Date In Transport	Quantity Kilograms	Material Description
	01-09*	6400	Pipeline Liquids
04-28		427	Pipeline Liquids
08-18		426	Pipeline Liquids
09-15		736	Pipeline Liquids
10-13		1991	Pipeline Liquids
10-27		839	Pipeline Liquids
11-17		107	Pipeline Liquids

* Transport and disposal handled by SCA Chemical Services, Chicago, Illinois

1202113

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT - 1986

Compressor Station #5 - Thoreau, New Mexico

Date Stored	Date In Transport	Quantity Kilograms	Material Description
01-20		416	Pipeline Liquids
01-08		124	Work Clothing
01-20		101	Soil
01-27		888	Soil, Pig Cups
02-17		416	Pipeline Liquids
02-24		2901	Pipeline Liquids
04-07		832	Pipeline Liquids
04-28		2905	Pipeline Liquids
05-28		354	Pig Cups
06-02		2076	Pipeline Liquids
06-06		377	Pig Cups
06-19		416	Pipeline Liquids
06-30		481	Scrubber Filters
07-23		49	Labware
07-25		5806	Pipeline Liquids
07-31		1244	Pipeline Liquids
08-11		176	Soil
08-12		1367	Soil
08-15		1437	Soil, Pig Cups
08-21		3733	Pipeline Liquids
09-02		2489	Pipeline Liquids
09-08		832	Pipeline Liquids
09-22		2489	Pipeline Liquids
	09-23*	8511	Soil, Pig Cups, etc.
	09-23*	19,556	Pipeline Liquids
09-25		57	Pipeline Liquids
10-06		1244	Pipeline Liquids
10-13		1660	Pipeline Liquids
10-20		828	Pipeline Liquids
10-23		416	Pipeline Liquids
10-30		12.032	Pipeline Liquids
	11-07*	32,000	Pipeline Liquids
12-22		1660	Pipeline Liquids

* Transport and disposal handled by SCA Chemical Services, Chicago, Illinois.

1202114

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT - 1986

Compressor Station #6 - Lagunna, New Mexico

Date Stored	Date In Transport	Quantity Kilograms	Material Description
01-02		1365	Pipeline Liquids
07-03		1458	Pipeline Liquids
08-18		1628	Pipeline Liquids

* Transport and disposal handled by SCA Chemical Services, Chicago, Illinois

1202115

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT - 1986

Compressor Station #7 - Mountainaire, New Mexico

Date Stored	Date In Transport	Quantity Kilograms	Material Description
02-01		2489	Pipeline Liquids
	02-17*	17,010	Pipeline Liquids
04-01		3733	Pipeline Liquids
05-01		1134	Pipeline Liquids
06-01		3431	Pipeline Liquids
	06-30*	19,200	Pipeline Liquids
10-01		2073	Pipeline Liquids
11-01		1660	Pipeline Liquids

* Transport and disposal handled by SCA Chemical Services, Chicago, Illinois

1202116

TRANSWESTERN PIPELINE COMPANY
PCB STORAGE/DISPOSAL
ANNUAL REPORT - 1986

Rio Grande River Crossing - Belen, New Mexico

Date Stored	Date In Transport	Quantity Kilograms	Material Description
05-12		2279	Pipeline Liquids
06-27		2073	Pipeline Liquids
07-10		626	Pipeline Liquids
07-18		1451	Pipeline Liquids
07-29		1660	Pipeline Liquids
08-11		3111	Pipeline Liquids
08-20		2695	Pipeline Liquids
08-29		2283	Pipeline Liquids
10-20		4565	Pipeline Liquids
12-03		4356	Pipeline Liquids
12-18		1038	Pipeline Liquids

NOTE: No PCB liquid waste was removed from this tank during 1986 due to collapse of the bridge leading into the storage site. The bridge is owned and maintained by the local county government, and due to their budget constraints, it was not repaired until the first week of February, 1987. Two tank truck loads were subsequently hauled from this location on 2-6-87.

1202117